R4
Results Review and Resource Request FY 2000

Population, Health and Nutrition Center

Bureau for Global Programs, Field Support and Research
U.S. Agency for International Development

Note:

Non-text files (e.g., spreadsheets, charts, maps, etc.) have been appended at the end of the document

PART I: OVERVIEW AND FACTORS AFFECTING PROGRAM PERFORMANCE

In 1997, the Global Bureau's Population, Health and Nutrition Center (G/PHN) achieved impressive results and made significant contributions to Agency objectives. The Center's performance stems from its success in focussing on its critical functions. These functions include global leadership, research and evaluation, and technical support to the field. These critical functions, expressed in the intermediate results (IR) defined under each of the Center's four strategic support objectives (SSO), are unique to G/PHN. They define a continuum of expertise and assistance that links the operations of G/PHN with the problems and opportunities in the developing world; not only in countries served by USAID missions, but globally.

G/PHN's four strategic support objectives are directly linked to the attainment of the Agency's strategic objectives and goals. The intermediate results guide programs and activities and allow the Center to monitor progress toward its strategic objectives. In the past year, the Center's SSOs and IRs have continued to evolve in response changing program needs in field. For example, the IRs under SSO2 (maternal health and nutrition) have been refocussed and sharpened; and the Center is also developing a new SSO5 linked to the new Agency SO related to infectious disease. In both cases, the Center has benefitted from the full participation of our partners inside and outside of USAID.

Sustainability and program integration have been important cross-cutting themes in the PHN Center. Program sustainability has been promoted by building host country capacity to plan and manage programs, through training of trainers, strengthening of management systems, and technical assistance to improve management efficiency in partner agencies.

A high degree of integration is reflected in the strategic linkages among the Center's objectives: powerful synergies between their sub-sectors strengthen the impact of all the objectives. For example, reproductive health interventions in some cases have been integrated with family planning service delivery. Similarly, condom distribution and behavior change programs for HIV/STI prevention also help to achieve family planning objectives.

SSO1: Increased use by women and men of voluntary practices that contribute to reduced fertility.

USAID has been the leading donor for family planning in developing countries for over thirty years. Its programs have had a significant impact on fertility, helping to bring the average number of children per family in developing countries down from over 6 in the 1960's to 4 currently. Over 120 million couples are estimated still to have unmet need for family planning services, however, and the momentum of population growth requires continued global cooperation in support of family planning efforts. By improving maternal and child health and reducing fertility, voluntary family planning programs play a critical role in helping countries buy time to address other development challenges and improve their

citizens' standards of living.

USAID's population activities, including those funded and managed by G/PHN, continued to suffer under budget restrictions in FY97. Overall population funding was reduced from $432M in FY96 to $385M in FY97. Population funds directly managed by G/PHN dropped from approximately $130M in FY96 to $106M in FY97. A presidential determination was required in order to release population funding and funds only became available in March 1997. In FY96 and FY97, funds were metered over 15-month and 12-month periods, respectively. Frozen or reduced bilateral commitments, reduced support for service delivery, cutbacks in contraceptive research, and increased allocations to management and unit costs are just a few of the consequences of two years of metering.

Despite these constraints, G/PHN has continued to achieve impressive results under SSO1. Overall, the contraceptive prevalence rate increased almost one and a half percentage points, from from 33% to 34.4%, between 1996 and 1997 in 36 USAID-assisted countries, which translates into an increase of an estimated 12 million contraceptive users. At the intermediate result level, progress has exceeded expectations in the area of research and is fully on target for the other results. Furthermore, this progress was made during a period of unprecedented demands on G/PHN and cooperating agencies (CA) staff to plan and manage an FY97 obligation schedule that tripled the usual number of obligations, drastically reduced project pipelines, and lessened flexibility. The full consequences of the adverse FY96, FY97 and FY98 budget situations will become evident over the FY97-99 period and may eventually require adjustments to performance targets.

SSO2: Increased use of safe pregnancy, women's nutrition, family planning and key reproductive health interventions.

Following the International Conference on Population and Development in 1994 and the U. N. Fourth World Conference on Women in 1995, a clear international consensus has emerged to improve reproductive health through attention to gender inequity and the legitimate rights of women for education, opportunities for paid employment, and access to health care. Multilaterals, especially WHO and UNICEF, have spent a considerable amount of effort in policy development -- the results of which will be seen in the coming decade. The development banks, especially the World Bank and the Asia Development Bank, have started to invest in the area of reproductive health. Certain governments have moved beyond rhetoric to make key policy and program changes which have the potential to greatly improve maternal health. USAID's early investment in maternal mortality research and pilot efforts has positioned us to play a major role with these new development partners. Furthermore, there is a growing awareness that, as we continue to make gains in reducing infant and child mortality, an increasing proportion of the deaths that remain will be among newborns. Therefore attention to the health status of women and their care during pregnancy and childbirth will be essential in efforts to sustain declines in infant mortality rates.

Despite these positive developments, overall resources of key partners continue to decline and there is increasing competition for scarce resources. Within USAID, we continue to face serious budget and staffing constraints relative to the needs in this strategic objective. Therefore, despite strong interest from the field missions for maternal health programming, the Global Bureau's Population, Health and Nutrition Center's (G/PHN) ability to respond is limited.

To meet the Agency's objective of contributing to the global reduction of maternal mortality through PHN interventions, G/PHN's strategic approach is to leverage scarce resources by documenting the feasibility, effectiveness, and affordability of key maternal health interventions, and sharing these results with our international, government and NGO partners so that the lessons learned from USAID pilot programs can be used by others as they make their policy and programming decisions for investments in maternal health. In addition to G/PHN programs, other USAID programs in economic growth, education of girls, and promotion of gender equity also continue to be essential contributors to the Agency goal of maternal mortality reduction.

SSO3: Increased use of key child health and nutrition interventions.

USAID continues to play a major role, in partnership with other agencies, in efforts to achieve the World Summit for Children Goals. G/PHN's special roles within the Agency's child survival program include developing and applying cost-effective and sustainable interventions against childhood diseases; engaging in global policy development and in partnerships with other organizations; providing state-of-the-art technical support and assistance to field missions, regional bureaus, and countries' child survival programs; and deriving and disseminating best practices and innovative approaches from the Agency's experience to improve world-wide child survival programming.

Substantial challenges remain in such areas as reducing infant and child deaths from pneumonia and malaria, improving nutrition and micronutrient status, and addressing maternal and neonatal mortality. Child health and nutrition resources of key partners, such as UNICEF, continue to decline, despite demands to expand coverage of existing interventions and for taking on new challenges. In this environment, donor coordination has become increasingly important. In 1997 G/PHN continued to expand strategic collaborations with organizations including UNICEF (micronutrients, immunization, Baby Friendly Hospitals), WHO (Integrated Management of Child Illness, child health research, breastfeeding, vaccine development, Polio Eradication), the World Bank (Integrated Management of Child Illness, health care financing), CDC (Polio Eradication, pneumonia vaccine development and testing), and NIH (pneumonia and malaria vaccine development and testing).

SSO4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.

If left unchallenged, the spread of the human immunodeficiency virus (HIV), the precursor to the fatal acquired immunodeficiency syndrome (AIDS), will negatively impact economic and social development worldwide. The United Nations Joint and Co-Sponsored Programme on AIDS (UNAIDS) estimates that 38.5 million adults and 3.8 million children have been infected with the human immunodeficiency virus since the disease was first identified. Of that total, 9 million adults and 2.7 million children have died. According to the World Health Organization (WHO), the global total of infected individuals could reach 60 million by the year 2000, with over 6 million new infections occurring each year. The majority of this increase will take place in the developing world, where 90 percent of current infections exist.

In response, USAID (through G/PHN-managed programs) has emerged as the global leader in addressing the HIV epidemic by developing global standards of practice (i.e., proven interventions) for the prevention of HIV transmission. USAID has supported STI/HIV prevention through three major interventions: sexually transmitted infection (STI) reduction, condom social marketing (CSM), and behavior change communication (BCC); and several supporting interventions: behavior research, policy reform, monitoring and evaluation, local capacity building, and women's status/empowerment. G/PHN's support to the AIDSCAP project has also produced significant results in the areas of NGO capacity building, establishment of national guidelines and training programs for improved STI management, and operations research and training on HIV/AIDS counseling and testing.

PART II: PROGRESS TOWARD OBJECTIVES

SUMMARY TABLE

Summary Table Center for Population, Health and Nutrition			
Strategic Objective		**Performance Rating**	Evaluation Findings
SSO 1:	Increased use by women and men of voluntary practices that contribute to reduced fertility.	MET PERFORMANCE TARGETS	Exceeded expectations in indicators 1.1.1 and 1.1.2, related to contraceptive technology development; fell short of SSO 1.0.3; fully met other SSO and IR targets
SSO 2:	Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions.	MET PERFORMANCE TARGETS	Exceeded targets for indicators 2.0.3 and 2.0.4, demonstration projects with very few data points. Exceeded targets for indicators 2.2.1 a/b and 2.2.2 a/b, improved policies. Fully met other SSO and IR targets
SSO 3:	Increased use of key child health and nutrition interventions.	MET PERFORMANCE TARGETS	Exceeded in IRs 3.3.1a and 3.3.1b, related to caretaker knowledge. Fully met other SSO and IR targets.
SSO4:	To increase the use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic.	EXCEEDED PERFORMANCE TARGETS	Based on former strategy

Performance Ratings:
Fell Short: Actual was less than 90% of Planned target
Met: Actual was within 90-110% of Planned target
Exceeded: Actual was more than 110% of Planned target

SSO1: Increased use by women and men of voluntary practices that contribute to reduced fertility.

USAID has been the leading donor for family planning in developing countries for over thirty years. Its programs have had a significant impact on fertility, helping to bring the average number of children per family in developing countries (excluding China) down from over 6 in the 1960's to 4 currently. At least 120 million couples are estimated still to have unmet need for family planning services, however, and the momentum of population growth requires continued global cooperation in support of family planning efforts. By improving maternal and child health and reducing fertility, voluntary family planning programs play a critical role in helping countries buy time to address other development challenges and improve their citizens' standards of living.

USAID's population activities, including those funded and managed by G/PHN, continued to suffer under budget restrictions in FY97. Overall population funding was reduced from $432M in FY96 to $385M in FY97. Population funds directly managed by G/PHN dropped from approximately $130M in FY96 to $106M in FY97. A presidential determination was required in order to release population funding and funds only became available in March 1997. In FY96 and FY97, funds were metered over a 15-month and 12-month periods, respectively. Frozen or reduced bilateral commitments, reduced support for service delivery, cutbacks in contraceptive research, and increased allocations to management and unit costs are just a few of the consequences of two years of metering.

Overall, the population program has lost a great deal of momentum and has had to struggle to maintain the flow of funding to critical programs that provide vitally needed and desired services in developing countries. Core funded activities have been disproportionately affected in an effort to protect on-the-ground service-delivery programs. Even in the face of these adverse conditions, progress was made in a number of areas, as reflected by the following examples:

- Post-abortion care interventions, piloted with core resources, are being scaled up to the national level in countries such as Egypt and Kenya.

- As an outcome of a strategic planning process developed with G/PHN funding, the Turkish government increased the MCH/FP Division budget by 38 percent.

- G/PHN assistance in mass media strategic planning helped Bolivia begin broadcasting 60 episodes of a radio drama series intended to improve women's and men's reproductive health.

- A model of delivering family planning services through a dairy cooperative in the northern Indian state of Bihar was successfully replicated in Uttar Pradesh, and is now being further expanded to 11 districts in UP, five of which have all-women dairy cooperatives.

Progress toward the strategic support objective is impressive. The contraceptive prevalence rate increased almost one and a half percentage points, from 33% to 34.4%, between 1996 and 1997 in 36 USAID-assisted countries, which translates into an increase of an estimated 12 million contraceptive users. This achievement is the joint result of the technical leadership and innovative approaches provided by G/PHN and successful field support- and bilaterally-funded activities.

1. Performance Analysis

USAID has supported population programs in developing countries for over 30 years. G/PHN's strategic support objective in this area is "increased use by women and men of voluntary practices that contribute to reduced fertility" and is directly linked to the Agency strategic objective of reduced unintended pregnancies. Over this period, the average fertility rate in the developing world (excluding China) has declined from 6.1 children per woman to 4.0 and the modern contraceptive prevalence rate (CPR) among currently married women has risen from under 10% to over 34% in 36 USAID-assisted countries that have recent DHS data. Notable examples of USAID-assisted countries where CPR has recently risen significantly include Peru (33% in 1991, 41% in 1996) and Malawi (7% in 1992, 14% in 1996). Contraceptive prevalence among unmarried women is also rising, and increased from just under 9% in 1996 to 9.3% in 1997. The duration of exclusive breastfeeding is slowly increasing. The proportion of 20-24 year old women who have had a birth before age 20 in on the decline, falling from 38.5% in 1996 to 37.9% in 1997. All of these data suggest that USAID-supported family planning programs are having their desired effect of increasing the use by women and men of voluntary practices to reduce fertility. As mentioned above, G/PHN and USAID's field missions together should take credit for this progress.

G/PHN has four results under SSO 1 that together create a supportive environment and institutional framework for the provision of quality family planning services and information in order to enhance couples' and individuals' ability to freely choose the number and spacing of their children. These results represent the building blocks that lead to increased contraceptive use and reduced population growth. The PHN Center's results and activities reflect USAID's leadership in population program implementation, recognize the close link between the Center and the field, and build on the Center's comparative advantage in research, technical and program innovations, and evaluation. At the intermediate result level, progress is on target for all the results. Highlights of progress toward each result are presented below.

IR 1.1: New and improved technologies and approaches for contraceptive methods and family planning programs.

The purpose of this result is to build the scientific and technological base for successful, high-quality family planning and reproductive health programs. The investments made in new and

improved technologies, contraceptives, and program approaches are long-term investments that enhance USAID's ability to expand method choice; to provide services in culturally acceptable and more effective ways; and to continue to be responsive to client needs and program realities in developing countries. FY97 targets for this result were generally met or exceeded.

USAID, through G/PHN, is the only US public-sector institution and only donor other than WHO making significant investments in contraceptive research with an eye toward the appropriateness and acceptability of new methods in the developing world. Furthermore, USAID's investment is leveraging substantial private sector resources for contraceptive development. An important secondary advantage of these investments is the benefit to American family planning users, who also will have more options from which to choose.

Contraceptive Development:
Achievements in contraceptive development in FY97 include:

- completion of clinical trials for a new female barrier method, FEMCAP, and completion of Phase II clinical trials for Lea's Shield.

- Q2, a polymer-based spermicide/microbicide progressed through preclinical evaluation to allow human safety studies to begin in FY98.

- completion of Phase II clinical trials of a hormonal contraceptive vaginal ring.

Operations Research:
Operations research has demonstrated critical lessons for reproductive health:

- On the basis of pilot studies, post-abortion care interventions are being scaled up to the national level in countries such as Egypt and Kenya.

- Auxiliary nurses are now being used by the Honduras Ministry of Health to provide family planning services nationally.

Data Collection and Evaluation Technologies:

- A Methodology for Evaluating the Cost of Family Planning was published and disseminated.

- A questionnaire for collecting simplified program effort data was tested in Tanzania.

- The Center-wide MEASURE (Monitoring and Evaluation to Assess and Use Results) Results Package for data collection, monitoring, evaluation, and dissemination was awarded in late FY97.

All of these investments keep USAID at the cutting-edge of innovation in the population sector.

IR 1.2: Improved policy environment and increased global resources for family planning programs.

The 1994 Cairo Conference on Population and Development committed countries to translate the rhetoric of supportive population policies into action, with a focus on improved quality, access, and gender equity, and to increase the resources available for FP/RH programs. G/PHN is helping to provide policy makers and program managers with the tools and information they need to implement policies and programs in accordance with the Cairo principles. Our expectation, based on experience, is that political commitment, adequate resources, and effective protocols will result in more effective and sustainable family planning programs.

In FY97, G/PHN collected baseline data on progress in the policy environment in terms of the number of priority countries that have policies and programs in place that reflect Cairo principles. Of the nine areas tracked by the indicator, G/PHN is focusing on progress in five: participation, attention to adolescents, training, monitoring and evaluation, and male involvement. The results are not particularly surprising: policy development is generally ahead of policy implementation; the greatest gaps between policy and implementation are in the areas of participation and training; adolescents and male involvement are areas where the most progress remains to be made. Another indicator--the share of service delivery provided by the private sector in developing countries--increased as expected between FY96 and FY97, achieving 97% of the anticipated target.

Reproductive health policy:
More concrete examples of progress, spurred by G/PHN provision of technical assistance and training, include:

- National medical service guidelines were updated and disseminated in 12 countries.

- An Ecuadorian NGO used results from a willingness-to-pay study to set prices for services, implement a cost-recovery scheme and increase cost recovery from 63% in 1996 to 75% in 1997.

- Results of a family planning expenditure study in Jordan were used to guide strategic planning activities and determine future resource needs.

- As an outcome of a strategic planning process developed with G/PHN funding, the Turkish government increased the MCH/FP Division budget by 38 percent.

These few examples are illustrative of the important role USAID can play in helping countries translate their commitment to family planning into action and, thereby, establish the legitimacy and importance of family planning and improve the ability of local institutions to provide high-quality, client-oriented services.

IR 1.3: Enhanced capacity for public, private, NGO and community-based organizations to design, implement, and finance sustainable family planning programs.

Building local capacity and sustainable systems is essential to effective and efficient service delivery, program success, national-level impact, and long-term sustainability. Activities under this result focus on strengthening the technical and management capacity of public, private, NGO, and community-based organizations. The technical assistance and training supported by G/PHN are oriented towards institutionalizing a problem-solving approach that enables our partner institutions to identify problems and solutions on their own and to improve their skills for managing family planning programs in a changing environment.

Some examples of successes in systems strengthening in FY97 include:

- Over 62 faculty of medical and midwifery schools in Ghana, India, and the Philippines have improved teaching skills in clinical training and contraceptive technology.

- G/PHN assistance in mass media strategic planning helped Bolivia begin broadcasting 60 episodes of a radio drama series intended to improve women's and men's reproductive health.

- Workshops held for print and radio journalists in the Philippines resulted in better understanding of and reporting on family planning and health issues.

The expected ultimate outcome of changes such as these is sustained, quality services that satisfy client needs.

The indicator for this result, the management and organizational sustainability instrument, is designed to collect information on the stages of development on an institution across six key areas. Institutions are expected to move through four stages from non-existent, weak or unused systems to having strong systems in place that are understood and used by staff, and linked strategies, policies, and budgets as they become more sustainable. The instrument was field tested in FY97 in over 35 institutions.

IR 1.4 Increased access to, quality of, cost-effectiveness of and motivation for use of family planning and selected reproductive health information and services

Improved delivery of accessible, high quality, cost-effective family planning and reproductive health services, and increasing the demand for and motivation to use such services, are critical for improving health outcomes and achieving SSO1.

It is difficult to capture the complexity of this intermediate result with two macro indicators. Of the two indicators reported on under this IR, one measures motivation to use family planning (mean desired family size) and the other serves as a proxy for access to information (mean number of modern methods known). Progress as measured by these indicators met expectations.

A sample of the achievements under this IR includes the following:

- A model of delivering family planning services through a dairy cooperative in the northern Indian state of Bihar was successfully replicated in Uttar Pradesh. Within 18 months, modern contraceptive use increased from 15 to 21 percent (Sitapur district) and from 27 to 38 percent (Meerut district). The model is now being further expanded to 11 districts in UP, five of which have all-women dairy cooperatives.

- Between April and September 1997, Pathfinder International reached over 1.8 million new family planning users, supported community-based distribution programs in nine countries, and completed training activities, thus improving quality of services, in 10 countries.

- The Cooperative for Assistance and Relief Everywhere, Inc (CARE) obtained $28.5 million from other donors, roughly matching USAID's 1991 funding level. With these additional resources, CARE has expanded its FP/RH programs beyond the initial 8 funded by USAID to 28 programs in 22 countries, while developing and applying tools to monitor service quality.

- USAID's SOMARC project convinced a commercial manufacturer in Brazil to introduce Depo-Provera at one-half the price originally contemplated by the manufacturer, thus increasing the family planning choices available to low-income women. The manufacturer is already selling the product 30 percent more of the product than projected and 5.5 million women in Brazil now have access to an affordable source of contraception.

These achievements are all precursors to increased use by women and men of voluntary practices that contribute to lower fertility -- the ultimate strategic support objective.

2. Expected Progress through FY99 and Management Actions

Continued budget restrictions have implications for the amount of progress that can be made towards SSO1 over the FY98-2000 period. Nonetheless, we do expect continued progress in a number of areas:

- Promising contraceptive leads, such as a new female condom and a new spermicide/ microbicide will move to the next stage of development; FEMCAP will be approved by the FDA; novel hormonal subdermal implants be undergoing clinical evaluation; and a hormone releasing IUD will undergo preliminary clinical evaluation.

- Post-abortion care studies will lead to national level implementation globally and new models for integrating STDs/HIV and family planning will be tested and implemented.

- A new worldwide initiative in operations research, FRONTIERS, will implement and coordinate programmatic research on key topics such as integration of family planning and other reproductive health services, improving quality and access, and improving sustainability of service delivery programs.

- The costs of implementing the Cairo Programme of Action will be re-calculated using a bottom-up approach.

- Assessments of core data needs will be conducted in six countries and will form the basis for revising the survey instrument.

- An evaluation resource library will be available on the Internet.

- NGO advocacy groups will be founded and/or strengthened in five countries.

- A policy environment score tailored to country-specific policy issues will be developed, validated, and applied in 8 countries.

- Host-country counterparts in 10 countries will be able to identify, develop, and apply the principles of strategic planning and resource allocation to areas such as market segmentation and cost analysis.

- Pilot fee-for-service studies will be conducted in Bangladesh and other countries.

- The G/PHN-supported FP/RH electronic information center will be available and expanded to include materials from PAHO/WHO and UNICEF.

- Distance learning and continuing education capacity will be improved.

- Audio-visual materials in English and Nepali will be developed for IUD and Norplant training.

- Three new worldwide FP/RH service delivery initiatives with the PVO/NGO sector, the commercial sector, and the public sector will increase the use of sustainable, client-centered services.

- Service delivery coverage in difficult to reach and underserved communities will be expanded through five large, U.S.-based PVOs and through partnerships with PVO/NGO networks.

- The capacity of PVOs to implement and monitor reproductive health services, linked to the delivery of child survival or other health-related services, will be improved.
- At least 25% of the costs of some service delivery subprojects will be leveraged from other donors and local governments.

These areas illustrate the G/PHN's approach to population assistance, which is to make strategic investments in the areas that are key to increasing contraceptive use and lowering fertility. These areas include contraceptive research and development; contraceptives supply and logistics; social science and operations research; policy reform; evaluation; communications, management and training; and service provision.

3. Performance Data Tables

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: S.S.O. Level Indicator

INDICATOR: S.S.O. 1.0.1 Contraceptive Prevalence Rate (Modern), Married women

UNIT OF MEASURE: Married women of reproductive age (percent)
SOURCE: DHS

INDICATOR DESCRIPTION: Proportion of women of reproductive age(15-49) using or whose partner is using a "modern" contraceptive method at a particular point in time. Modern methods are condoms, Norplant, pill, IUD, injection, vaginal methods and voluntary surgical contraception.

COMMENTS: Values are weighted averages based on available data from 44 countries.

YEAR	PLANNED	ACTUAL
1994(B)	30.9%	
1995	31.9%	32.1%
1996	32.9%	32.9%
1997	33.9%	34.4%
1998	34.8%	
1999	35.8%	
2000(T)	36.8%	
2005(T)	42.0%	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: S.S.O. Level indicator

INDICATOR: S.S.O. 1.0.2 Contraceptive Prevalence Rate (Modern)/Unmarried women

UNIT OF MEASURE: Unmarried women of reproductive age (percent)
SOURCE: DHS

INDICATOR DESCRIPTION: Proportion of unmarried women of reproductive age(15-49) using or whose partner is using a "modern" contraceptive method at a particular point in time. Modern methods are condoms, Norplant, pill, IUD, injection, vaginal methods and voluntary surgical contraception.

COMMENTS: Data for this indicator have been updated this year to include the entire trend. The calculations which contribute to this trend include data for a number of years. Where a country has had two surveys, the difference between the two are used to determine the expected change per year. For countries which have had only one survey, the average change across all countries with two surveys are applied to the individual country to determine the expected change. Therefore, the addition of new countries slightly changes the previous averages and may lead to changes in the entire trend line. Values are weighted averages based on available data from 33 countries.

YEAR	PLANNED	ACTUAL
1994(B)	7.5%	
1995	8.1%	8.1%
1996	8.7%	8.7%
1997	9.3%	9.3%
1998	9.9%	
1999	10.5%	
2000(T)	11.1%	
2005(T)	14.1%	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: SSO Level indicator

INDICATOR: S.S.O. 1.0.3 Median duration of exclusive breastfeeding

UNIT OF MEASURE: months
SOURCE: DHS

INDICATOR DESCRIPTION: Age at which 50% of children (under age 3 or under age 5 depending on the survey) are given anything other than breastmilk.

COMMENTS: Data for this indicator have been updated this year to include the entire trend. The calculations which contribute to this trend include data for a number of years. Where a country has had two surveys, the difference between the two are used to determine the expected change per year. For countries which have had only one survey, the average change across all countries with two surveys are applied to the individual country to determine the expected change. Therefore, the addition of new countries slightly changes the previous averages and may lead to changes in the entire trend line. Values are weighted averages based on available data from 34 countries.

YEAR	PLANNED	ACTUAL
1994(B)		0.9
1995	1.1	1.0
1996	1.3	1.1
1997	1.5	1.1
1998	1.6	
1999	1.8	
2000(T)	2	
2005(T)	3	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: S.S.O. Level indicator

INDICATOR: S.S.O. 1.0.4 Proportion of women who have had a birth before age 20

UNIT OF MEASURE: % 20 to 24 year old women
SOURCE: DHS

INDICATOR DESCRIPTION: % of women 20-24 years of age who report having their first birth before they reached 20 years of age.

COMMENTS: Values are weighted averages based on available data from 41 countries.

YEAR	PLANNED	ACTUAL
1994(B)		39.6%
1995	39%	39%
1996	38.5%	38.5%
1997	37.9%	37.9%
1998	37.3%	
1999	36.8%	
2000(T)	36.2%	
2005(T)	33.4%	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: New and improved technologies and approaches for contraceptive methods and family planning identified, developed, tested, evaluated and disseminated

INDICATOR: IR 1.1.1 Number of new and current contraceptive leads/methods under development or evaluation and/or advancing to the next stage and approved by FDA

UNIT OF MEASURE: contraceptive leads/methods
SOURCE: Project documents (CONRAD, POPCouncil, FHI)

INDICATOR DESCRIPTION: N/A
COMMENTS: Categories for contraceptive products: (a) under development, (b) evaluation, (c) advancing to the next stage and approved by FDA

YEAR	PLANNED	ACTUAL
1994(B)		a) 37 b) 0 c) 0
1995		a) 37 b) 0 c) 0
1996	a)37 b) 5 c) 1	a) 40 b) 2 c) 0
1997	a) 40 b) 2 c) 0	a) 41 b) 7 c) 2
1998(T)	a) 37 b) 5 c) 1	
1999	a) 35 b) 5 c) 0	
2000(T)	a) 33 b) 5 c) 2	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: New and improved technologies and approaches for contraceptive methods and family planning identified, developed, tested, evaluated and disseminated

INDICATOR: IR 1.1.2 Number of Family Planning/Reproductive Health strategies/subsystems, IEC, training and other technical improvements (a) under development or (b) evaluated

UNIT OF MEASURE: strategy, sub-system, IEC, training and other technical improvement

SOURCE: Project documents (Pop Council)

INDICATOR DESCRIPTION: N/A

COMMENTS: Categories for technologies and approaches:
(a) under development; (b) evaluated

YEAR	PLANNED	ACTUAL
1994(B)		a) 8 b) 0
1995		a) 8 b) 0
1996	a) 10 b) 0	a) 12 b) 3
1997	a) 12 b) 7	a) 19 b) 9
1998(T)	a) 15 b) 10	
1999	a) 10 b) 10	
2000(T)	a) 10 b) 6	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Improved policy environment and increased global resources for family planning programs

INDICATOR: IR 1.2.1 Numbers of joint planning countries with at least moderately strong policy statements or implementation re: (a) participation, (b) attention to adolescents, (c) training, (d) monitoring and evaluation, (e) male involvement

UNIT OF MEASURE: Number of countries meeting selected criteria

SOURCE: USAID

INDICATOR DESCRIPTION: Countries are scored by questionnaire respondents on a 5 -point scale ranging from very weak to very strong. The indicator further groups countries into 2 categories: those scored as very weak or weak and those scored as moderate, strong, or very strong. The data reported here are the number of countries falling into the latter group.

COMMENTS: The numbers in the first column (S) refer to the quality of the policy statement itself; those in the second column (I) refer to the quality of implementation for each of the five areas being assessed. 1997 data represent reports from 13 of the 15 joint planning countries. The target numerator for 1998 and beyond is all 15 joint planning countries.

YEAR	PLANNED	ACTUAL
1995		in design
1996		pretested in 5 countries
1997(B)		S I (a) 11 8 (b) 7 3 (c) 13 8 (d) 10 8 (e) 5 3
1998	S I (a) 12 9 (b) 8 4 (c) 14 9 (d) 12 9 (e) 6 4	
1999		
2000(T)	S I (a) 12 10 (b) 8 5 (c) 14 10 (d) 12 10 (e) 6 4	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Improved policy environment and increased global resources for family planning programs

INDICATOR: IR 1.2.3 Share of service delivery by LDC private sector

UNIT OF MEASURE: % of service delivery provided by private sector

SOURCE: DHS

INDICATOR DESCRIPTION: Number of women ages 15-49 years of age currently using a contraceptive method whose last source was in the private sector.

COMMENTS: Values are weighted averages based on available data from 42 countries.

YEAR	PLANNED	ACTUAL
1994(B)		41.8%
1995	43.1%	43.1%
1996(T)	44.5%	44.5%
1997	46%	44.8%
1998(T)	47.3%	
1999		
2000(T)	48%	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Enhanced capacity for public, private, NGO and community-based organizations to design, implement and evaluate sustainable family planning programs

INDICATOR: IR 1.3.1 Number of institutions with enhanced capacity for (a) collection and use of information; (b) commodities; (c) financial management; (d) revenues; (e) planning; (f) human resources

UNIT OF MEASURE: Number of institutions meeting selected criteria
SOURCE: Sustainability Index Task Force

INDICATOR DESCRIPTION: The indicator captures the progress of an institution in moving towards sustainability in the six areas described above. For each area, the institution is expected to move through four stages from (1) non-existent, weak or unused systems to (2) having strong systems in place that are (3) understood and used by staff, and (4) linked strategies, policies, and budgets as they become more sustainable.

COMMENTS: The data presented here summarize the number of institutions that have reached Level 3 or 4. FY97 data are based on field tests of the instrument in 35 institutions, although not all 35 institutions were assessed in all six areas in 1997. The targets for 1998-2000 represent both an intention to survey all 35 institutions in each area, to see an annual increase in the number of institutions meeting the selected criteria, and to further increase the number of institutions surveyed.

YEAR	PLANNED	ACTUAL
1996		3 levels of indices developed
1997(B)		(a) 11 (b) 6 (c) 6 (d) 8 (e) 13 (f) 7
1998	(a) 12 (b) 7 (c) 7 (d) 9 (e) 13 (f) 7	
1999	(a) 13 (b) 8 (c) 8 (d) 10 (e) 14 (f) 8	
2000(T)	(a) 16 (b) 11 (c) 11 (d) 13 (e) 17 (f) 11	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Demand for, access to and quality of family planning and other selected reproductive health information and services increased

INDICATOR: IR 1.4.1 Mean desired family size

UNIT OF MEASURE: Number of children

SOURCE: DHS

INDICATOR DESCRIPTION: Number derived by dividing the sum of # of desired children for women ages 15-49 years who give a numerical answer by the number of women of this group who give a numeric answer.

COMMENTS: Values are weighted averages based on available data from 42 countries.

YEAR	PLANNED	ACTUAL
1994(B)		3.4
1995		3.3
1996(T)	3.2	3.2
1997	3.2	3.2
1998(T)	3.1	
1999	3.1	
2000(T)	3.0	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Demand for, access to and quality of family planning and other selected reproductive health information and services increased

INDICATOR: IR 1.4.2 Mean number of modern methods known by women of reproductive age

UNIT OF MEASURE: Number of methods

SOURCE: DHS

INDICATOR DESCRIPTION: Derived from sum of number of modern methods known by women ages 15-49 years divided by # of women surveyed

COMMENTS: Values are weighted averages based on available data from 37 countries.

YEAR	PLANNED	ACTUAL
1994(B)		4.6
1995	4.7	4.7
1996(T)	5.1	4.9
1997	5.2	5.2
1998(T)	5.4	
1999	5.7	
2000(T)	6.0	

SSO2: Increased use of safe pregnancy, women's nutrition, family planning and key reproductive health interventions.

USAID's work to improve maternal health and contribute to the international effort to reduce the deaths of 600,000 women per year from pregnancy-related complications is part of the reproductive health framework adopted at the International Conference on Population and Development in Cairo 1994 and the U.N. Fourth World Conference on Women in Beijing 1995. Reducing mortality and morbidity associated with pregnancy, nutritional deficiencies, sexually transmitted infections (STIs), and unsafe abortion are part of the woman's centered health care approach of the SSO2 partners. USAID's investment in research and pilot efforts has positioned it well internationally with other donor partners, specifically multilaterals such as WHO, UNICEF, UNFPA and the development banks, to assume a global technical leadership role in maternal health. As the end of the decade approaches there is an increasing awareness that a large and growing proportion of infant deaths are among newborns. Maternal health and nutrition status has a major impact on neonatal survival. Therefore, increased attention to the health status of women and their care during pregnancy and childbirth will be essential to accelerate and sustain declines in infant mortality rates.

SSO2 indicators at the strategic support objective level show sustained progress and positive trends toward achieving the targets planned for the year 2000. Impressive results achieved by this G/PHN SSO are illustrated by the following examples:

- G/PHN demonstration projects in Bolivia, Guatemala, and Indonesia have resulted in strategies and protocols being implemented to meet national and local needs to improve quality of care and change behaviors for the purpose of improving maternal and newborn health and survival. Monitoring systems have been put in place to measure results of USAID interventions to inform the global community about costs and effects of these programs.

- Communication efforts to support an integrated reproductive health approach are underway in Morocco, Bolivia, Bangladesh, Indonesia, Nepal, Kenya, and Uganda. The communication objectives differ, but in each country a Behavior Change Communications strategy has been developed with a maternal health focus. Several activities in each country, designed to reach key audiences, generally decision-makers, health providers and couples, are underway or completed.

- A national network of more than 60 NGOs/INGOs in Nepal works together with donors, USAID cooperating agencies, and government to promote maternal health at the community level. As a result of the messages and related advocacy and awareness-creating activities, there has been greater consensus at every level on the issues that affect maternal health at the family and community level.

There is strong interest from field missions for maternal health programming. However, Global Bureau's Population, Health and Nutrition Center's (G/PHN) ability to respond remains limited because of static budgets. Therefore, G/PHN's strategic approach to meeting the Agency's objective of contributing to the global reduction of maternal mortality through PHN interventions remains one of leveraging scarce resources by documenting the feasibility, effectiveness, and affordability of key maternal health and nutrition interventions. These results are shared widely with USAID's national, government, and NGO partners so that the lessons learned through the maternal health activities can be used by others as they make policy and program decisions for investments in maternal health. Leveraging resources is especially vital at this time when the international community is recommitting itself to the second decade of the Safe Motherhood Initiative, with a clear understanding that partnerships at all levels are critical to achieve sustainable gains in improvements in maternal health.

1. Performance Analysis

The G/PHN strategic support objective, "increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions," which contributes to the Agency's objective of maternal mortality reduction, supports research, policy, and programming to apply known technologies to preventable major causes of maternal mortality -- hemorrhage, infection, eclampsia, obstructed labor, and the consequences of unsafe abortion. This integrated program approach not only contributes to the reduction of maternal mortality, one of the major goals endorsed by the World Summit for Children in 1990 to which the United States was a signatory, but also reduces the immediate and long term consequences of complications of pregnancy and birth which affect millions of women and newborns every year.

G/PHN continues to be recognized as a global leader in technical and cross-cutting areas -- health financing, pharmaceutical management, and quality assurance -- that promote use of effective maternal health services. Technical leadership is documented through presentation of lessons learned at professional meetings, as well as in journals and special publications. G/PHN continues to provide state of the art technical assistance, application of best practices in selected countries, capacity building among host-country counterparts, and testing of the most cost-effective approaches to maternal health. Globally, G/PHN continues to contribute to international advocacy for women's reproductive health.

At the strategic support objective level, G/PHN relies on DHS data for service delivery coverage indicators. At the intermediate result level, smaller surveys and institution-based data provide for behavior and quality of care measurements.

IR 2.1 Technologies and approaches to RH interventions identified, developed, evaluated, and disseminated.

This IR addresses critical constraints to effective intervention for reducing maternal and infant mortality and improving maternal health and nutrition. The indicators for this IR document that the number of models or approaches developed and evaluated met or exceeded the targets planned. Accomplishments from FY97 include:

Development and application of cost-effective approaches to maternal health:

- In Bolivia, a costing model has been used to analyze actual versus ideal practices in applying the WHO Mother-Baby Package nationally. This costing model is being prepared for use by national and municipal planners to allow area- specific adaption of the package.

- Cost to the consumer for maternal and reproductive health services is being examined in Ghana, Uganda, Malawi and Indonesia. Information about consumer financing and use of these services will increase understanding of public versus private sector use, increase understanding of how usage varies with providers characteristics, such as quality, location, and price, as well as determine whether a positive association exists between the presence of village midwives and the utilization of Safe Motherhood services.

Anemia studies and application of approaches:

- Based on the results of formative research studies, new approaches to developing and improving community-based iron supplement distribution strategies and counseling schemes aimed at preventing and reducing maternal anemia have been designed in Indonesia, India, Malawi, Guatemala, Bolivia, and Honduras.

- In Indonesia, a new strategy to reduce or eliminate anemia in pregnancy in cooperation with the Ministry of Religion (MOR) includes counseling messages and materials about the importance of consuming iron prior to beginning a family. The strategy identifies couples as they register for marriage with the MOR. Qualitative research to determine the most effective messages will inform the design of IEC materials and the training curriculum for MOR personnel.

Vitamin A research:

- Preliminary results from a low-dose weekly vitamin A supplementation study in Nepal indicate that maternal mortality can be reduced by up to 50 percent by reducing vitamin A deficiency.

Syphilis seroprevalence study:

- The results of a syphilis seroprevalence study conducted in 7 maternity hospitals in Bolivia in 1997 have promoted a national change in practices and policy for screening (prenatal and during delivery) and treating seropositive women and newborns. A national screening and treatment policy has been accepted and disseminated, and a national plan has been developed with support for implementation anticipated from the national government, municipalities, and local communities.

IR 2.2 Improved policies and increased public and private sector resources and capacity to deliver key reproductive health services.

This IR addresses the policy environment that sets the framework in which resources are allocated to maternal health and nutrition. The indicators for IR 2.2 were met or exceeded, with breastfeeding promotion activities greatly exceeding planned targets. Accomplishments from FY97 include:

Nutrition:

- In Guatemala, diagnostic and treatment guidelines for management and prevention of anemia were included in the development of protocols for health personnel on the management of principal perinatal and obstetric emergencies.

- Evaluation of the nutrient content of donated and commercial foods has led to improved policy guidance for package content, manufacturing techniques and packaging in private and public sector food programs in Central America.

Quality of Care approaches:

- In Mupanza Zonal Center in Zambia, a quality assurance team analyzed the causes of low antenatal attendance, where only 17% of the women who had recently delivered had been seen by medical staff. The analysis showed that 75% of women cited lack of privacy as a major reason for non-attendance. A recommendation to install privacy screens resulted in an increase in attendance of 40%. Other centers have now instituted similar privacy improvements.

- In Gradoume health center in Niger, most women began prenatal care late in pregnancy, with only 11% of the estimated pregnancies in the target population receiving prenatal care in the first three months. A quality improvement team recommended integrating prenatal services with others, instituting new prenatal consultation procedures, and increasing supervision of providers. As a result, coverage rates were increased to 33%.

Breastfeeding:

- G/PHN has worked with several multilaterals to ensure consistent policy and messages related to maternal-child transmission of the HIV virus via breastfeeding.

- In an effort spanning several years, G/PHN has supported UNICEF in developing a "Baby Friendly" certification process for hospitals in 56 countries. In countries where USAID-trained professionals have mobilized efforts, 9,349 hospitals have been designated Baby Friendly, constituting 87% of the total number of Baby Friendly hospitals worldwide.

Post-abortion Care (PAC):

- In Ghana, policy reformulation of PAC has resulted in the responsibility for care for post-abortion patients, which had been primarily in the hands of doctors, being extended to midwives.

Drug Management:

- The Cost Estimation Strategy (CES) was developed to provide the donor community and governments with suitable methods and information to estimate the cost of supplying needed reproductive health commodities. In 1997, the CES was tested and refined in Kenya, where it collected commodity cost and management information for drugs, medical supplies and equipment. Information is now available for antenatal, delivery, maternal and neonatal complications, as well as selected reproductive tract infections. This approach is ready for replication in other countries.

Adolescents:

- The "Youth Across Asia" workshop brought together Asian participants to discuss the policy implications of the growing number of young people in Asia on the planning needs of reproductive health care services.

I.R. 2.3 Access to essential obstetric services increased in selected countries.

This IR addresses the need to deliver more culturally appropriate maternal health services closer to the community and to promote and support NGO provision of services responsive to the community. IR 2.3 indicators show actual values that exceed the planned levels or 1998; however, data are from only 1-3 countries. Accomplishments in FY 97 include:

Behavior change:

- In Guatemala, Bolivia, and Indonesia, behavior communication strategies, based on the results of the community diagnosis, have been developed. The assessments outlined feasible behaviors for pregnant women, husbands and relatives during an obstetric or newborn complication, as well as preventive behaviors for pregnant women.

- As part of a behavior change strategy in Bolivia, a radio soap opera, *Diario de un Destino* (*Destiny's Diary*), was developed to increase community awareness of the danger signs of pregnancy, labor, and delivery, as well as appropriate and timely actions. This 60 chapter soap opera was developed with a local video-graphics organization. It was aired daily at prime time by five local radio stations in 1997. The program, broadcast in Spanish, Quechua, and Aymara, has been well-received, and other radio stations have begun to request sets of the program.

IR 2.4 Quality of essential obstetric services increased in selected countries.

This IR addresses the efforts to improve the quality of maternal health services through a dual approach of quality training and quality assurance. The indicators for IR 2.4 represent data from only two countries, but show actuals that exceed the planned targets for 1998. Accomplishments from FY97 include:

Breastfeeding:

- In Russia, as a result of seminars and reproductive health training courses in Primorsky Krai, the rate of breastfeeding for 3 months increased from 45.7% to 57.85% and rooming-in is now practiced by approximately 95% of women at 9 maternity hospitals.

- In Novosibirsk Oblast, Russia, a program to train neonatologists has overcome obstacles to the initiation of immediate postpartum breastfeeding. Use of rooming-in rose from 0.5% in November, 1996 to 86% in November, 1997 in a municipal maternity hospital. Moreover, changes in attitudes and knowledge among counselors, with emphasis on informed client choice, led to changes in contraceptive behavior illustrated by the use of LAM and progestin-only pills, which had not been used before.

Interpersonal communication skills:

- In Bolivia, Indonesia, and Guatemala, results of community diagnoses pointed to a major deficiency among health personnel in communicating respectfully with women. Interpersonal communication modules were developed using country-specific content. In Indonesia, 525 village-based midwives in South Kalimantan were trained. Following training in Guatemala and Bolivia, several community customs were incorporated into patient care at the hospitals, such as allowing women to choose their birthing positions and returning the placenta to mothers for burial.

- Competency-based training programs, incorporating clinical and interpersonal communication and counseling skill, are underway in Bolivia, Indonesia, Guatemala, Ukraine, and Moldova. In Bolivia the curriculum developed for in-service training will become part of pre-service education in two major medical faculties.

Life-saving skills:

- In South Kalimantan, Indonesia, two life-saving skills training centers have been established with over 250 midwives trained in 1997. A special postpartum care emphasis has been part of this training among village-based midwives, with 4 visits planned immediately postpartum -- an innovation in routine maternity care.

Maternal-Perinatal Audit:

- The Maternal and Perinatal Audit (MPA) system was established in three districts in Guatemala to identify and review cases of maternal and perinatal death from the community and health facilities. This activity has helped to improve maternal health

services by increasing knowledge among providers and bringing the hospitals' focus closer to the community level. New MPA materials are also being field tested.

Post-abortion Care:

- In Nepal, the successful PAC activity piloted in the national Maternity Hospital has been replicated in two additional referral hospitals, with an emphasis on provision of quality family planning counseling and on-site provision of services.

2. Expected progress through FY 2000 and Management Actions

G/PHN anticipates continued progress toward SSO2 for FY 1999 and FY 2000 in its various areas of intervention. However, the static level of funding for SSO2 means that it will be difficult for USAID to scale up as the research studies, models and field programs which are currently being undertaken in small areas of selected countries are completed and recommendations made for applying the lessons at a national level. Leveraging resources of others is absolutely critical at this junction. Examples of key anticipated results are:

Revised SSO2 strategy in place:

- With the revision of the SSO2 strategy to strengthen focus on the interventions directly related to events dependent upon pregnancy and childbirth, it is also anticipated that G/PHN will be better able to focus SSO2 activities in selected countries where high maternal mortality occurs. Complementary USAID or other donor programs in selected countries that ensure a critical number of the essential maternal health services necessary for maternal survival are occurring simultaneously should accelerate the process of reducing maternal deaths in these countries.

STI treatment:

- In Uganda, a study of the impact on maternal and perinatal survival of presumptive treatment of STIs in pregnant women will be completed.

Cost-effectiveness of essential obstetric care:

- In Thailand, the cost-effectiveness of two models of antenatal care are being asessed as part of a WHO multi-centered trial that is expected to inform global policies and programming.

NGO provision of services:

- The new G/PHN PVO Networks results package will begin implementation and will greatly expand the ability of NGOs to expand geographical access and promote technical excellence in antenatal care; safe birth; treatment of obstetrical complications; and postpartum, post-abortion, and newborn care.

Postpartum/newborn care model:

- In Indonesia, an outreach program to new mothers by village midwives will be tested for feasibility and effectiveness, since the postpartum period is a time when the majority of maternal deaths and a substantial proportion of neonatal deaths occur.

Nutrition:

- Improved nutrition in commercial foods available to women and young children in Central American countries and improved planning in food aid delivery by selected PVOs.

Measurement of results:

- Continued field testing of indicators for maternal health and survival will provide better guidance for assessing progress of maternal health programs.

Regional Safe Motherhood Programs:

- LAC and AFR are implementing Safe Motherhood regional initiatives intended to stimulate enhanced maternal health programs in participating countries and to share results within the regions to improve access and quality of maternal care.

3. Performance Data Tables

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME:

INDICATOR 2.0.1: Percent of women attended at least once during pregnancy by medically trained personnel for reasons related to pregnancy in selected priority countries.

UNIT OF MEASURE: Percent
SOURCE: DHS

INDICATOR DESCRIPTION: Proportion of women seen at least once during their pregnancy by a doctor or other persons trained with midwifery skills for reasons related to the pregnancy.

COMMENTS: Includes data from the following countries: Bolivia, Guatemala, Indonesia, Morocco, Zambia.

Planned targets area a projection from baseline 1994 to the year 2000 target. The projection is not strictly linear since there is limited progress in early years during program startup.

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1994 (B)		74%
1995	74%	76%
1996	74%	75%
1997	75%	76%
1998	76%	
1999	78%	
2000 (T)	80%	
2005 (T)	86%	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME:

INDICATOR 2.0.2: Percent of births in selected priority countries attended by medically trained personnel.

UNIT OF MEASURE: Percent
SOURCE: DHS

INDICATOR DESCRIPTION: The proportion of births attended by trained health personnel, excluding traditional birth attendants.

COMMENTS: Includes data from the following countries: Bolivia, Egypt, Guatemala, Honduras, Indonesia, Morocco.

Planned targets are calculated from the 1994 baseline. Performance is based upon not only USAID program performance, but also performance of the government, NGOs and other donors.

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1994 (B)		38%
1995	39%	39%
1996	40%	40%
1997	41%	40%
1998	42%	
1999	43%	
2000 (T)	44%	
2005 (T)	51%	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME:

INDICATOR 2.0.3: Percent of women with obstetric complications presented at a health facility.

UNIT OF MEASURE: Percent
SOURCE: UNICEF/MotherCare

INDICATOR DESCRIPTION: Proportion of women estimated to have obstetric complications that present at a health facility.

COMMENTS: Includes data from demonstration project in the following countries: Indonesia and Guatemala.

Actual levels are greater than planned but indicator includes data from only two countries. When new countries are added under the new results package, this indicator may decrease.

Planned targets are a projection from the 1994 baseline to the year 2000 target. The projection is not strictly linear since there is limited progress in early years of program startup.

Actuals are significantly greater than projections, but data are only from demonstration areas where intensive implementation has taken place.

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1994 (B)		4%
1995	4%	-
1996	5%	15%
1997	6%	26%
1998	6%	
1999	7%	
2000 (T)	8%	
2005 (T)	15%	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME:

INDICATOR 2.0.4: Percent of pregnant women receiving iron supplements in selected priority countries (per recommended guidelines).

UNIT OF MEASURE: Percent
SOURCE: DHS, OMNI

INDICATOR DESCRIPTION: The number of pregnant women offered iron supplements divided by the number of live births.

COMMENTS:1994 and 1996 data are from the following countries and/or states: Honduras, Indonesia, Uttar Pradesh, Madhya Pradesh. In 1997 two new countries were added (Bolivia and Guatemala) resulting in a drop in the overall average coverage to 34%.

Actual levels are greater than planned but includes only data from a few countries. When new countries are added under the new results package, this indicator may decrease further, as occurred in 1997.

Planned targets are estimated at national levels and, therefore, remain considerably below actual achieved in demonstration areas.

With this indicator there still is a lack of national baselines. The actuals are high compared to year 2000 national targets for this reason. This indicator and target are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1994 (B)		29%
1995	4%	-
1996	5%	35%
1997	5%	34%
1998	6%	
1999	7%	
2000 (T)	8%	
2005 (T)	20%	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME:

INDICATOR 2.0.5: Percent of pregnant women who have received at least two doses of tetanus toxoid (TT).

UNIT OF MEASURE: Percent
SOURCE: DHS or WHO

INDICATOR DESCRIPTION: The number of pregnant women who have received at least 2 doses of TT vaccine per 100 live births in a defined area during a defined time period.

COMMENTS: Includes data from: Bolivia, Egypt, Guatemala, Honduras, Indonesia, Morocco, Zambia.

Planned targets area a projection from the 1994 baseline based upon national data. Targets beyond 2000 have not been set because in some countries the policy of 2TT/pregnancy has been changed to "adequate coverage" (some women received 2TT in the previous pregnancy and don't need to receive it again in subsequent pregnancies) - this may account for the drop in coverage seen with the 1997 data.

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1994 (B)		45%
1995	45%	51%
1996	46%	51%
1997	47%	49%
1998	48%	
1999	49%	
2000 (T)	50%	
2005 (T)	-	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 2.1: Approaches and technologies to enhance key reproductive health interventions: identified, developed, being evaluated and available.

INDICATOR 2.1.1: Models or techniques for evaluating the impact of low dose vitamin A on post-partum and neonatal sepsis.

UNIT OF MEASURE: IDED scheme: Identified, Developed, Evaluated, and Disseminated
SOURCE: MotherCare/ Vitamin A for Health

INDICATOR DESCRIPTION: A method or model for evaluating the impact of low dose vitamin A supplements on post-partum and neonatal sepsis.

COMMENTS:

Cntry	I	D	E	D
Indonesia			X	
Nepal				X

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1994 (B)		I - 1
1995	I - 1 E - 1	D - 2
1996	D - 1 E - 1	E - 2
1997	E - 2	E - 2
1998 (T)	E - 1 D - 1	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 2.1: Approaches and technologies to enhance key reproductive health interventions: identified, developed, being evaluated and available.

INDICATOR 2.1.2a: Approaches or models for obstetric care training

UNIT OF MEASURE: IDED scheme: Identified, Developed, Evaluated, and Disseminated

SOURCE: MotherCare/PRIME

INDICATOR DESCRIPTION: Models for obstetric care training programs, lifesaving skills for midwives and post abortion care for training mid-level providers.

COMMENTS:

Cntry	I	D	E	D
Bolivia			X	
Egypt	(dropped in 1997)			
Ghana				X
Guatemala		X		
Honduras	(dropped in 1997)			
Indonesia			XX	
Moldova	X			
Ukraine				X
Zambia			X	

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1994 (B)		D - 3
1995	I - 1 D - 3	D - 4
1996 (T)	I - 2 D - 4 E - 1	I - 3 D - 1 E - 5
1997	D - 2 E - 5 D - 1	D - 1 E - 5 D - 2
1998 (T)	E - 5 D - 3	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 2.1: Approaches and technologies to enhance key reproductive health interventions: identified, developed, being evaluated and available.

INDICATOR 2.1.2b: Approaches and/or models to enhance access/use of essential reproductive health services by young adults.

UNIT OF MEASURE: IDED scheme: Identified, Developed, Evaluated, and Disseminated

SOURCE: MotherCare (Peru-2, Uganda, Zambia-1), Focus (Peru-1, Brazil, Ghana, Zambia-2)

INDICATOR DESCRIPTION: Methods and models used to enhance access/use of any essential reproductive health services include: family planning and related fertility services; safe pregnancy service, improvement of women's nutritional status, and the promotion of breastfeeding; and prevention and management of STDs/HIV.

COMMENTS:

Cntry	I	D	E	D
Peru-1	X			
Peru-2			X	
Brazil			X	
Ghana			X	
Uganda		X		
Zambia-1		X		
Zambia-2			X	

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1994 (B)		I - 3
1995	D - 3	D - 3
1996 (T)	D - 2 E - 1	I - 1 D - 2 E - 1
1997	I - 1 D - 2 E - 3	I - 1 D - 2 E - 4
1998 (T)	D - 1 E - 3 D - 3	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 2.1: Approaches and technologies to enhance key reproductive health interventions: identified, developed, being evaluated and available.

INDICATOR 2.1.2c: Approaches evaluated: costs of provision of essential obstetric care.

UNIT OF MEASURE: IDED scheme: Identified, Developed, Evaluated, and Disseminated

SOURCE: MotherCare, Population Council, Rational Pharmaceuticl Management, Rapid

INDICATOR DESCRIPTION: Methods and models uses to evaluate/track the costs of the provision of essential obstetric care.

COMMENTS:

Cntry	I	D	E	D
Bolivia			X	
Guatemala		X		
Rapid-YA***		X		
Rapid-SM***			X	
Indonesia	X			
Global*			X	
ESA/PAC**				X
Other/PAC**		X		

* Global RH commodities
** Post Abortion Care (ESA-East and Southern Africa, Other-Other Africa)
***Rapid-YA - Rapid models focusing on Young Adults, Rapid-SM - Rapid models focusing on Safe Motherhood

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1994 (B)		D - 2
1995	I - 1 E - 2	D - 2
1996 (T)	I - 1 D - 1 E - 2	D - 4 E - 2
1997	I - 1 D - 2 E - 3 D - 1	I - 1 D - 3 E - 3 D - 1
1998 (T)	I - 1 D - 1 E - 4 D - 3	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 2.1: Approaches and technologies to enhance key reproductive health interventions: identified, developed, evaluated and available.

INDICATOR 2.1.2d: Approaches evaluated: interventions to improve dietary intake of iron.

UNIT OF MEASURE: IDED scheme: Identified, Developed, Evaluated, and Disseminated

SOURCE: MotherCare

INDICATOR DESCRIPTION: Methods and models used to assess interventions to improve dietary intake of iron for women.

COMMENTS:

Cntry	I	D	E	D
Bolivia		X		
Peru			X	
Malawi			X	
India			X	

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1995 (B)		D - 2
1996 (T)	I - 1 D - 1 E - 1	D - 1 E - 1
1997	D - 1 E - 2	D - 1 E - 3
1998 (T)	E - 2 D - 2	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 2.2: Improved policies and increased public and private sector resources and capacity to deliver key reproductive health services.

INDICATOR 2.2.1a/b: Number of priority countries with policies and implementation plans in place for (a) safe pregnancy (b) breastfeeding promotion

UNIT OF MEASURE: Number of countries
SOURCE: MotherCare, Wellstart, UNICEF

INDICATOR DESCRIPTION: (a) A measure of commitment to implement a policy to address safe pregnancy and ensure service provision. (b) A national breastfeeding plan is a program description which defines targets and provides operational guidance for activities during a specific period.

COMMENTS: (a) Bolivia, Egypt, Ghana, Guatemala, India, Indonesia, Malawi, Morocco, Nepal, Uganda (b) Armenia, Bolivia, Brazil, Burkina Faso, Cameroon, Chile, Colombia, Costa Rica, DR, Ecuador, El Salvador, Egypt, Georgia, Ghana, Guatemala, Honduras, Indonesia, Kazakstan, Kenya, Kyrgyzstan, Nepal, Nicaragua, Nigeria, Madagascar, Mexico, Moldova, Pakistan, Panama, Peru, Philippines, Poland, Russia, Rwanda, Senegal, Sierra Leone, Swaziland, Tadjikistan, Thailand, Uganda, Ukraine, Uruguay, Zambia, Zimbabwe

Actual levels for "b" are significantly greater than planned as the result of ten years of work in this area by several CAs and USAID's partnership with UNICEF and WHO to promote breastfeeding policies and national plans.

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1994 (B)		(a) 1 (b) 6
1995		(a) 2 (b) 22
1996	(a) 2 (b) 10	(a) 5 (b) 28
1997	(a) 2 (b) 12	(a) 10 (b) 43
1998 (T)	(a) 2 (b) 25	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 2.2: Improved policies and increased public and private sector resources and capacity to deliver key reproductive health services.

INDICATOR 2.2.2a/b: Number of selected priority countries with competency-based training for selected reproductive health interventions incorporated into national curricula for: (a) life saving skills, (b) breastfeeding promotion.

UNIT OF MEASURE: Number of countries
SOURCE: Wellstart/Linkages, MotherCare

INDICATOR DESCRIPTION: (a) Existence of competency-based training for life saving skills at a national level curricula. (b) Existence of training for the promotion of breastfeeding.

COMMENTS: Targets for 1996-2005 based on 1995 figures and may require revision.
(a) Bolivia, Indonesia, Nigeria, Uganda (b) Armenia, Bangladesh, Bolivia, Brazil, Burkina Faso, Cambodia, Cameroon, Chile, Colombia, Costa Rica, DR, El Salvador, Egypt, Ecuador, Georgia, Ghana, Honduras, India, Indonesia, Jordan, Kazakstan, Kenya, Kyrgystan, Madagascar, Mexico, Moldova, Morocco, Nepal, Nicaragua, Nigeria, Pakistan, Panama Peru, Philippines, Poland, Russia, Senegal, Swaziland, Thailand, Turkey, Uganda, Ukraine, Uruguay, Yemen, Zambia, Zimbabwe.

Actual levels for "b" are significantly greater than planned because of the momentum of ten years of work on this area by one CA and additional funding from Africa and LAC Bureaus to support curriculum development. USAID support for these programs ended in March 1998.

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1994 (b)		(a) <3 (b) 5
1995		(a) 2 (b) 15
1996	(a) 3 (b) 8	(a) 4 (b) 28
1997	(a) 3 (b) 12	(a) 4 (b) 46
1998 (T)	(a) 3 (b) 17	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 2.3: Access to essential obstetric services increased in selected countries

INDICATOR 2.3.1: Percent of adults with knowledge of complications related to pregnancy and childbirth.

UNIT OF MEASURE: Percent
SOURCE: MotherCare

INDICATOR DESCRIPTION: Percent of all adults who can identify four of seven warning signs of maternal complications of pregnancy and childbirth.

COMMENTS: Actual levels are greater than planned but includes only data from two countries, Indonesia and Egypt. When new countries are added under the new results package, this indicator may decrease

Planned targets are an estimate, since there is no national data available on this specific indicator. It is not assumed that progress will be linear. Actual levels are from small demonstration areas.

The significance of USAID's work in this areas rests with a scientific effort to validate this indicator. In 1996, USAID brought together researchers of obstetric complications and concluded that maternal report is not valid. For this reason, although programming continues on education of adults about obstetric complications, this indicator is one which will undergo review and may be revised or eliminated during FY98.

YEAR	PLANNED	ACTUAL
1996 (B)	<5%	25%
1997	6%	25%
1998 (T)	10%	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 2.3: Access to essential obstetric services increased in selected countries.

INDICATOR 2.3.2: Percent of adults with knowledge of the location of essential obstetric services.

UNIT OF MEASURE: Percent
SOURCE: MotherCare

INDICATOR DESCRIPTION: Percent of adults surveyed who can identify where to go for essential obstetric services.

COMMENTS: Actual levels are greater than planned but includes data from a demonstration area in only one country, Indonesia. When new countries are added under the new results package, this indicator may decrease.

Planned targets are an estimate since there is no national data available on this specific indicators. It is not assumed that progress will be linear. Actual levels are from small demonstration areas.

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1996 (B)	<5%	70%
1997	6%	70%
1998 (T)	10%	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 2.3: Access to essential obstetric services increased in selected countries.

INDICATOR 2.3.3: Number of selected priority countries with systems in place to monitor access to essential obstetric care services.

UNIT OF MEASURE: Number of countries
SOURCE: MotherCare

INDICATOR DESCRIPTION: The number of functioning facilities that provide at least one of the elements of obstetric care in the six months prior to the time of data collection.

COMMENTS: Demonstration areas in Bolivia, Guatemala, Indonesia

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1996 (T)	2	3
1997	3	3
1998 (T)	5	

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 2.4: Quality of essential obstetric services increased in selected countries.

INDICATOR 2.4.1a/b/c: Number of facilities adopting prototype systems for (a) recording and aggregating complications by cause, (b) monitoring admissions-intervention interval for hemorrhage as part of quality assurance program, (c) monitoring case fatality rate.

UNIT OF MEASURE: Number of facilities
SOURCE: MotherCare

INDICATOR DESCRIPTION: (a) Aggregation of direct complications by cause for: sepsis, hemorrhage, obstructed labor, hypertensive disorders of pregnancy and septic abortion (b) Existence of effective QA mechanisms for monitoring and evaluating the time from admission to intervention for hemorrhage. (c) Deaths from specific complication/deaths from all complications in the facility during the time period.

COMMENTS: In 1997 indicator "b", "monitoring admissions-intervention interval for hemorrhage as part of quality assurance program" was dropped as it was found to be unmeasurable. Data for 1997 include 7 sites in Indonesia and 3 in Guatemala.

Actual levels are slightly greater than planned but includes only data from Guatemala and Indonesia. Program experience to date shows that these data are fluctuating and a strong trend has not been established

All SSO2 indicators and targets are currently undergoing review and may be revised during FY98.

YEAR	PLANNED	ACTUAL
1996 (T)	(a) <4 (b) <4 (c) <4	(a) 10 (b) 10 (c) 10
1997	(a) 5 (b) 5 (c) 5	(a) 10 (b) dropped - see comments (c) 10
1998 (T)	(a) 8 (b) dropped - see comments (c) 4	

SSO3: Increased use of key child health and nutrition interventions.

1. Performance Analysis

This strategic support objective represents G/PHN's principal contribution to achievement of the Year 2000 goals agreed to at the World Summit for Children in 1990 and to the Agency's objective of improving infant and child health and reducing infant and child mortality.

Progress toward the SSO is monitored annually through updated cumulative population-weighted averages of indicators related to the global use of key child survival interventions (derived from latest DHS surveys), as well as I.R. and sub-result level indicators of progress in specific technical activities. For 1997, these updated indicators demonstrate continued success in advancing key areas of child survival programming: all indicators with 1997 data demonstrate positive progress, with eight of these already having reached their respective 1998 (I.R. level) or 2000 (SSO level) targets.

However, these successes obscure several critical challenges that now face USAID and its partners in child survival programming. Among these is the fact that the rate of increase of diarrheal disease and Acute Respiratory Inection (ARI) treatment -- while steady and probably therefore sustainable -- is inadequate to meet the World Summit goals and the SSO targets for Oral Rehydration Therapy (ORT) and for ARI careseeking. Slow progress in these core areas of child survival may reflect the fact that DHS data lag several years behind reality. However, it may also reflect reduced investment in these key areas as competing priorities, "reform" and reorganization of the PHN sector, and sub-earmarking of child survival funds take their toll on core interventions. Another challenge is the wide variation among countries and relatively low performance in some.

In response, G/PHN has undertaken several initiatives. Working with WHO, UNICEF, and PAHO, G/PHN has been a major supporter of Integrated Management of Childhood Illness (IMCI), which adapts the core content of child survival to decentralized health systems. The substantial demand by countries for this integrated approach is expected to accelerate use of core child survival interventions. G/PHN has also launched the VITA initiative to accelerate vitamin A interventions reaching high risk populations in priority countries. In addition, G/PHN is leading inter-agency plans to strengthen implementation and reporting as we approach the World Summit for Children Year 2000 Goals.

The following sections report in more detail on progress in 1997 and future plans, in relation to the SSO's four Intermediate Results. Due to space limitations, these are only illustrative examples.

IR 3.1: New and improved cost-effective interventions developed and disseminated.

This IR addresses critical constraints to reducing infant and child mortality and improving children's health and nutrition. Examples of results from 1997 include:

Integrated Management of Childhood Illness (IMCI):

- IMCI is now being implemented in forty-one countries of the Africa, ANE, and LA/C regions. In response to USAID and UNICEF inputs, two additional components are aimed at increasing the impact of IMCI by strengthening essential components of delivery systems.

Immunization/Polio Eradication:

- With WHO and the Bangladesh MOH, G/PHN developed an improved approach to surveillance for polio and other vaccine-preventable diseases that links case detection at the community level with outbreak and case investigations by the health system.

Nutrition/Micronutrients:

- A major field trial in Nepal (NNIPS-2) found significant reductions in maternal mortality with vitamin A and beta carotene supplemented women.

- G/PHN developed and applied an innovative assessment approach based on the "Minimum Package of Nutrition-Related Behaviors" ("MinPak"), which promotes a package of key breastfeeding, complementary feeding, and micronutrient interventions. MinPak assessments were conducted in six African countries.

New Technologies:

- In Indonesia, trials were completed evaluating Uniject's potential to extend safe and cost-effective delivery of tetanus and hepatitis B vaccines.

Malaria:

- Innovative approaches to malaria control have included: testing the genetically determined ability of human volunteers to respond to a new peptide malaria vaccine; in partnership with CDC and WHO, field testing the efficacy and practicality of two new "dip stick" diagnostics for malaria; evaluating Geographic Information Systems (GIS) as planning tools for mapping malaria risk factors in urban areas in Zambia, Eritrea, and Nigeria.

Environmental Health:

- Working with G/ENV/Urban Programs, G/PHN is developing a methodology to integrate community-level environmental health issues into municipal-level environmental planning at three sites in India and Bangladesh.

IR 3.2: Improved policies and increased global, national, and local resources for appropriate child health interventions.

This IR addresses both the general policy environment in which resources are allocated to child health and nutrition, and the technical quality required of those policies for resources to have greatest impact. Accomplishments from 1997 include:

Immunization:

- With WHO/GPV and DANIDA, G/PHN studied the impact of health sector reform, decentralization, and integration on immunization services in Zambia and Uganda; this work produced a reference guide for USAID, WHO, UNICEF, the World Bank, and other donors.

Malaria:

- With CDC, a drug efficacy monitoring system was established in Zambia, resulting in a modification of the National Drug Policy. Also, in response to technical support from G/PHN, Kenya adopted a new national policy regarding its first-line drug for malaria.

Nutrition/Micronutrients:

- G/PHN led the Agency in launching VITA, an alliance of U.S. pharmaceutical and food companies, civic organizations, universities and private voluntary organizations, in an enhanced effort to integrate delivery of vitamin A within the Agency's health and other programs toward the goal of vitamin A adequacy among children.

- G/PHN, WHO, and UNICEF are working with partners to develop consensus and technical analyses on policy and program options for promoting breastfeeding in countries with a high prevalence of HIV infection.

Environmental Health:

- With G/PHN technical and financial support, UNICEF issued new guidelines for sanitation programming to its field offices, emphasizing participatory approaches and sustainability; UNICEF is now applying the guidelines to sanitation programs in Zambia.

Private Sector:

- G/PHN-supported a regional partnership for ORS in West Africa; private production and promotion of ORS through a public-private multi-agency task force in Bolivia; and a partnership with soap producers in Central America to promote handwashing.

IR 3.3: Improved preventive and care-giving practices and behaviors related to child health and nutrition.

This IR focuses on mobilizing demand, increasing utilization of key child health and nutrition interventions, and promoting actions by families and communities, to improve child health and nutrition. Accomplishments from 1997 include:

IMCI:

- G/PHN developed "emphasis behavior" approach field-tested in Zambia, Ethiopia, and Mozambique, and incorporated by UNICEF into the community component of IMCI.

Immunization/Polio Eradication:

- G/PHN assisted WHO/AFRO in development of a regional communication and social mobilization strategy for polio eradication in sub-Saharan Africa.

Nutrition/Micronutrients:

- Community-based nutrition programs are being implemented in five countries.

Malaria:

- Behavior change activities for malaria included: assessments of constraints on demand; formative research with community and health facility representatives to promote appropriate treatment of febrile illness in children; evaluation of client-provider relations to improve interactions during treatment of febrile children; and development of communication strategies for improved behaviors.

Environmental Health:

- Community and domestic hygiene behavior change approaches were incorporated into child health programs to combat diarrheal disease in Bolivia and Zambia.

IEC capability:

- In West Africa, G/PHN and the Africa Bureau supported training for representatives of government and private radio stations and public health programs from six countries in production of effective radio programs on child health topics.

IR 3.4: Improved quality and availability of key child health and nutrition services.

G/PHN works with USAID missions and countries to improve the accessibility, quality, effectiveness, and sustainability of child health and nutrition services. G/PHN also supports development of new strategies to reach infants and children at highest risk of mortality and malnutrition. Under this I.R. during 1997, G/PHN provided technical assistance and support to over thirty-five countries. Examples of results include:

Immunization/Polio Eradication:

- G/PHN continued its support to the Polio Eradication Initiative, focusing on planning and implementation of NIDs and development of surveillance capabilities in southern Asia and sub-Saharan Africa.

- G/PHN also helped the Central Asian Republics and Kazakhstan increase their capability to procure high quality, low cost vaccines through international tender and

bid, and produced a comprehensive manual on vaccine procurement, now accepted by WHO, UNICEF, and the World Bank.

Malaria:

- Training of health workers in Bungoma District (Kenya) yielded improved compliance with clinical standards, resulting in an estimated 240,000 users of rural health clinics who received correct diagnosis and appropriate treatment for febrile illness.

Nutrition/Micronutrients:

- Through joint efforts of USAID, UNICEF, and WHO, 35 countries distributed vitamin A capsules to preschool-age children in conjunction with Polio NIDs and the EPI.

- Faculty trained in USAID-sponsored courses and workshops modified medical school, nursing school, and undergraduate curricula to improve breastfeeding education in 31 countries.

Quality assurance:

- More than 100 local quality improvement teams in five countries were trained and supported to study and improve child survival services, using simple analytical techniques. The results were documented improvements in such areas as referral of critically ill children, compliance with malaria treatment, reporting of immunization coverage levels, resolving obstacles to supervision, reducing inappropriate use and theft of antibiotics, and reducing patient waiting times.

Environmental Health:

- In collaboration with LAC Bureau, G/PHN has improved environmental health services for the urban poor in three countries.

2. Expected Progress through FY 1999 and Management Actions

G/PHN anticipates continued progress toward SSO3 for FY 1999-2000. We are acting to increase the awareness of the Agency and of partners regarding the need for continued attention to core child survival interventions if progress toward Agency objectives and World Summit for Children Goals is to be accelerated. As noted last year, further sub-earmarking of child survival funds may affect prospects of achieving these goals. The following are examples of anticipated results.

IR 3.1: New and improved cost-effective interventions developed and disseminated.

New technologies:

- Building on the tetanus toxoid initiative, additional vaccines and possibly injectable contraceptives will be made available in Unijects for use in the developing world.

- Vaccine Vial Monitors will be available for all six traditional EPI vaccines.

Integrated Management of Child Illness:

- In cooperation with WHO, UNICEF, regional bureaus, and self-selected USAID field missions, G/PHN will support design and implementation of studies and tools to determine the effectiveness and cost-effectiveness of IMCI.

ARI:

- Studies to determine the burden of Respiratory Syncytial Virus (RSV) disease in infants and young children will be completed, and findings of these studies will be used to determine if anticipated new vaccines against RSV (available within 3-4 years) should be included in immunization programs in the developing world.

Immunization/Polio Eradication:

- A multi-country study will examine the shedding/excretion of polio virus by individuals having compromised immune systems; this information is critical for polio eradication efforts.

Malaria:

- A second generation investigational malaria vaccine specifically aimed at protecting children will be produced using new technology, and the first stage of clinical testing will be initiated.

Nutrition/Micronutrients:

- Studies in Uttar Pradesh, India, will evaluate the effect of improved semi-annual delivery of vitamin A and antihelminthics through the Anganwadi system on mortality and growth of approximately 800,000 preschool-age children.

IR 3.2: Improved policies and increased global, national, and local resources for appropriate child health interventions.

Immunization:

- G/PHN will support case studies in four to five countries regarding immunization financing, including cost recovery and other strategies, financing of new vaccines, and the effectiveness of international vaccine financing mechanisms.

- Work with WHO and others will produce policy recommendations for injection safety.

Micronutrients:

- Through VITA, G/PHN will take the lead in assisting at least seven priority countries in developing vitamin A policies and strategies.

Health financing:

- In cooperation with World Bank and other international partners, G/PHN will continue expansion of the National Health Accounts (NHA) approach, permitting countries to track resources and expenditures for health in both the public and private sectors.

Private sector:

- G/PHN will evaluate the effects of commercial private sector approaches in reaching key segments of target populations and changing actual practices.

Environmental health:

- Work with UNICEF on promotion of sanitation will be expanded, including G/PHN technical inputs to UNICEF's 1998 meeting of field officers and continued inputs to development of UNICEF's sanitation policy in countries.

IR 3.3: Improved preventive and care-giving practices and behaviors related to child health and nutrition.

IMCI:

- Community-based approaches to improving child health and nutrition practices will be evaluated in at least four African countries; these and other analyses will be used to produce a guide to participatory community assessment and planning methods, as part of the tool box being developed with UNICEF for the community component of IMCI.

Immunization/Polio:

- G/PHN will support expanded efforts in communication and social mobilization for Polio Eradication activities in Africa and southern Asia, and will work with UNICEF and PVO partners to develop and implement wide-scale community-based approaches to recognition and reporting of acute flaccid paralysis (possible polio) cases.

Malaria:

- Social marketing of impregnated bednets will be underway in at least two African countries.

Nutrition/Micronutrients:

- Operations and formative research will be used to design messages and communication strategies on improved breastfeeding, complementary feeding, and adequate intake of micronutrients in India and sub-Saharan Africa.

IR 3.4: Improved quality and availability of key child health and nutrition services.

IMCI:

- Adaptation and training in IMCI will be carried out in at least ten additional countries, and training approaches for lower level and community health workers will be tested and available. District-level supervision and monitoring of performance will be established using IMCI-based indicators and integrated supervision guides.

Immunization:

- Working with UNICEF, WHO, CDC, regional bureaus, and field missions, strategies will be initiated to accelerate measles control and improve polio eradication. Planning and procurement of vaccine supply will be improved in five countries.

Malaria:

- The Africa Integrated Malaria Initiative will expand to at least four additional countries, and approaches developed under AIMI will be applied in selected malaria-endemic countries of Asia and Latin America.

Nutrition/Micronutrients:

- G/PHN and UNICEF will assist Russia in reestablishing salt iodization, with the goal of greater than 50% of the country's salt iodized by the end of CY 1998.

PVO approaches:

- With PVO partners, G/PHN and BHR/PVC will carry out in-depth analyses of PVO programs that have achieved positive impact at scale on child health and nutrition, to identify approaches that can be applied more widely in child survival programming.

3. Performance Data Tables

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Prevention

INDICATOR 3.0.1a: Percent of children fully immunized by age 1

UNIT OF MEASURE: Children 12-23 months of age immunized by age 1

SOURCE: DHS

INDICATOR DESCRIPTION: Children receiving 3 doses of DPT and Polio, as well as one dose of measles before 1 year of age.

COMMENTS: Data available for 28 countries in 1995/96 (including baseline).

YEAR	PLANNED	ACTUAL
1994 (B)		40%
1995		-
1996		43%
1997	43%	49%
2000 (T)	45%	
2005 (T)	51%	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Prevention

INDICATOR 3.0.1b: Percent of children age 6-60 months receiving vitamin A supplementation

UNIT OF MEASURE: Children 6-60 months of age with an adequate vitamin A status

SOURCE: OMNI/DHS/Nepal R4

INDICATOR DESCRIPTION: The proportion of children 6-60 months of age receiving vitamin A supplementation in the previous 6 months.

COMMENTS: Complete data not available for 1996, however in 1997 Bangladesh achieved 64% coverage among children <3 years and Nepal achieved 90% coverage in the 32 (of 75) target districts in Nepal, among children 6-60 months of age. It is anticipated that broader-based population-based data will be made available for 2000 through application of new sero-survey methods presently under development.

YEAR	PLANNED	ACTUAL
1994 (B)		23%
1995		-
1996		-
1997		-
2000 (T)	45%	
2005 (T)	65%	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Prevention

INDICATOR 3.0.1c: Percent of infants less than 4 months old exclusively breastfed

UNIT OF MEASURE: Infants 0-3 months of age
SOURCE: DHS

INDICATOR DESCRIPTION: An estimate of the proportion of infants less than four months (120 days) of age who receive no foods or liquids other than breastmilk.
COMMENTS: Data available for 31 countries in 1996.

YEAR	PLANNED	ACTUAL
1994 (B)		45%
1995		-
1996		49%
1997	48%	54%
2000 (T)	51%	
2005 (T)	58%	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Treatment of Illness

INDICATOR 3.0.2a: Percent of children under age five receiving ORS, recommended home fluids or increased fluids for diarrhea

UNIT OF MEASURE: Children under five with diarrhea
SOURCE: DHS

INDICATOR DESCRIPTION: Proportion of all cases of diarrhea in children under 5 treated with ORS and/or recommended home fluids or increased fluids.
COMMENTS: Data available for 20 countries in 1996
Baseline recalculated using DHS data.

YEAR	PLANNED	ACTUAL
1994 (B)		51%
1995		-
1996		53%
1997	61%	55%
2000 (T)	72%	
2005 (T)	89%	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Treatment of illness

INDICATOR 3.0.2b: Percent of children with ARI symptoms taken to health care facility

UNIT OF MEASURE: Children under age five with ARI symptoms

SOURCE: DHS

INDICATOR DESCRIPTION: Percent of children under five taken to health facility (trained community health workers, public facilities, trained private medical provider) for cough and rapid breathing.

COMMENTS: Data available for 27 countries in 1996.

YEAR	PLANNED	ACTUAL
1994 (B)		57%
1995		-
1996		57%
1997	61%	60%
2000 (T)	65%	
2005 (T)	75%	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 3.1: New and improved cost-effective interventions developed and disseminated

INDICATOR 3.1.1a: Technologies evaluated: ARI conjugate vaccines (a) Hib (b) Pneumo.

UNIT OF MEASURE: IDEA Scheme: Identified, Developed, Evaluated, Available

SOURCE: G/PHN

INDICATOR DESCRIPTION: ARI vaccines being developed in various combinations.

COMMENTS: The evaluation stage for the pneumo. vaccine is expected to take 4 years to complete.

YEAR	PLANNED	ACTUAL
1994 (B)		(a) D-1 (b) I-1
1995		(a) E-1 (b) I-1
1996 (T)	(a) E-1 (b) D-1	(a) E-1 (b) D-1
1997	(a) E-1 (b) D/E-1	(a) A-1 (b)D/E-1
1998 (T)	(a) A-1 (b) D/E-1	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 3.1: New and improved cost-effective interventions developed and disseminated

INDICATOR 3.1.1b: Technologies evaluated: Malaria vaccines

UNIT OF MEASURE: IDEA Scheme: Identified, Developed, Evaluated, Available
SOURCE: G/PHN

INDICATOR DESCRIPTION: Malaria vaccines being developed in various combinations.
COMMENTS:

YEAR	PLANNED	ACTUAL
1994 (B)		E-1
1995		I-7 D-4 E-4
1996 (T)	I-9 D-5 E-5	I-10 D-5 E-5
1997	I-10 D-6 E-6	I-11 D-6 E-6
1998 (T)	I-11 D-7 E-7	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 3.1: New and improved cost-effective interventions developed and disseminated

INDICATOR 3.1.1c: Technologies evaluated: Vaccine vial monitors (a) Polio (b) Measles/Others

UNIT OF MEASURE: IDEA Scheme: Identified, Developed, Evaluated, Available
SOURCE: G/PHN

INDICATOR DESCRIPTION:
COMMENTS:

YEAR	PLANNED	ACTUAL
1994 (B)		(a) E-1 (b) I/D-1
1995	(a) (b)	(a) E-1 (b) I/D-1
1996 (T)	(a) A-1 (b) I/D-1	(a) A-1 (b) I/D-1
1997	(a) A-1 (b) I/D-1	(a) A-1 (b) I/D-1
1998 (T)	(a) A-1 (b) D/E-1	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 3.1: New and improved cost-effective interventions developed and disseminated

INDICATOR 3.1.1d: Technologies evaluated: Diagnostics for Malaria

UNIT OF MEASURE: IDEA Scheme: Identified, Developed, Evaluated, Available
SOURCE: G/PHN

INDICATOR DESCRIPTION: A single platform diagnostic to identify malaria.
COMMENTS:

YEAR	PLANNED	ACTUAL
1994 (B)		I-2
1995		I-2
1996 (T)	D-2	D-2
1997	D-2	D-2
1998 (T)	E-2	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 3.1: New and improved cost-effective interventions developed and disseminated

INDICATOR 3.1.2a: Approaches evaluated: Integrated case management of the sick child

UNIT OF MEASURE: IDEA Scheme: Identified, Developed, Evaluated, Available
SOURCE: G/PHN

INDICATOR DESCRIPTION: An integrated approach to the management of childhood illness, includes a fully integrated training package which addresses: pneumonia; diarrhea; malaria; measles and malnutrition.
COMMENTS: Activities currently underway in the following countries: Benin; Bolivia; Ecuador; El Salvador; Eritrea; Ethiopia; Honduras; Kenya; Madagascar; Morocco; Nicaragua; Peru; Tanzania; Uganda; Zambia.

YEAR	PLANNED	ACTUAL
1994 (B)		D-1
1995		D-1
1996 (T)	E-1	E-1
1997	A-1	A-1
1998 (T)	A-1	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 3.1: New and improved cost-effective interventions developed and disseminated

INDICATOR 3.1.2b: Approaches evaluated: Methods to improve availability of impregnated bednets.

UNIT OF MEASURE: IDEA Scheme: Number of approaches Identified, Developed, Evaluated, Available
SOURCE: G/PHN
INDICATOR DESCRIPTION:
COMMENTS: Based on data from Malawi and Zambia

YEAR	PLANNED	ACTUAL
1995 (B)		I-1
1996 (T)	D-1	D-1
1997	D-1	D-2
1998 (T)	E-1	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 3.2: Improved policies and increased global, national and local resources for appropriate child health interventions

INDICATOR 3.2.1: Number of countries meeting vaccine self-financing levels

UNIT OF MEASURE: Number of countries by Band
SOURCE: WHO/GPV/1998 State Of the World's Children Report (UNICEF)
INDICATOR DESCRIPTION: Number of countries meeting self-financing levels.
COMMENTS: Band A countries are expected to finance 10-25% of vaccines, Band B countries are expected to finance up to 80% and Bands C and D are expected to finance 100%.

YEAR	PLANNED	ACTUAL
1994 (B)		38
1996 (T)	40	--
1997	43	47
1998 (T)	45	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 3.3: Enhanced knowledge of key child health and nutrition behaviors/practices in selected countries

INDICATOR 3.3.1a: Percent of caretakers with correct knowledge of: the signs and symptoms of acute respiratory infection needing assessment

UNIT OF MEASURE: Proportion of caretakers with correct knowledge

SOURCE: DHS/WHO

INDICATOR DESCRIPTION: Percent of caretakers with correct knowledge of the symptoms and signs of acute respiratory infection needing assessment.

COMMENTS:

YEAR	PLANNED	ACTUAL
1994 (B)		33%
1995		36%
1996 (T)	36%	36%
1997	38%	44%
1998 (T)	40%	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 3.3: Enhanced knowledge of key child health and nutrition behaviors/practices in selected countries

INDICATOR 3.3.1b: Percent of caretakers with correct knowledge of: the appropriate treatment for diarrhea: (a) careseeking; (b) increased fluids; and (c) continued feeding

UNIT OF MEASURE: Proportion of caretakers with correct knowledge

SOURCE: WHO/DHS

INDICATOR DESCRIPTION: Percent of caretakers who know the three rules of home case management of diarrhea: to seek treatment outside of the home for a child with diarrhea when appropriate, to give increased amounts of fluids, to continue feeding

COMMENTS: Baseline data from WHO, new data from 1996 from DHS based on a limited number of countries

YEAR	PLANNED	ACTUAL
1994 (B)		(a) 25% (b) 50% (c) 40%
1995		-
1996 (T)	(a) 30% (b) 55% (c) 50%	(a) 42% (b) 62% (c) 61%
1997	(a) 35% (b) 58% (c) 55%	(a) 42% (b) 67% (c) 56%
1998 (T)	(a) 40% (b) 60% (c) 60%	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions
APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME 3.4: Improved quality and availability of key child health/nutrition services

INDICATOR 3.4.3: Number of selected countries with program guidelines in place for: (a) micronutrients deficiencies; and (b) ICM of sick children

UNIT OF MEASURE: Number of countries
SOURCE: OMNI, BASICS

INDICATOR DESCRIPTION: (a) clearly defined micronutrient implementation strategy in place, (b) ICM strategy in place
COMMENTS:

YEAR	PLANNED	ACTUAL
1995 (B)		(a) 8 (b) 0
1996 (T)	(a) 11 (b) 4	(a) 12 (b) 4
1997	(a) 13 (b) 6	(a) 12 (b) 17
1998 (T)	(a) 17 (b) 8	

SSO4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.

The rapid spread of the HIV/AIDS epidemic remains a serious threat to both public health and sustainable development in many countries in the developing world. The United Nations Joint and Co-Sponsored Programme on AIDS (UNAIDS) estimates that 38.5 million adults and 3.8 million children have been infected with the human immunodeficiency virus since the disease was first identified. Of that total, 9 million adults and 2.7 million children have died. According to the World Health Organization (WHO), the global total of infected individuals could reach 60 million by the year 2000, with over 6 million new infections occurring each year. The majority of this increase will take place in the developing world, where 90 percent of current infections exist. In addition, WHO estimates that 333 million new cases of sexually transmitted infections (STIs) other than HIV occur every year. In developing countries, STIs rank second only to maternal morbidity and mortality as a cause of healthy life years lost among women 15 to 44 years of age. In the most seriously affected countries, the HIV/AIDS epidemic reduces productivity and GNP per capita and creates an enormous human and financial burden for the health care system. The potential political and economic destabilizing effects of HIV/AIDS are profound.

Prevention is the major defense against the HIV/AIDS pandemic and USAID continues to be the world's leader in HIV/AIDS prevention. In 1996, USAID employed a highly participatory approach to redefine the HIV/AIDs Strategic Objective to respond to the growing worldwide epidemic. This new strategy is based on the need for continued and expanded efforts to prevent HIV transmission, and a new focus on mitigating the diseases's impact on people and their communities, while more closely studying its social, economic and policy impacts.

In January, 1997, USAID approved a new, five year (1997-2002) HIV/AIDS Results Package to implement this Strategy. The major components were awarded in FY97:

HORIZONS - Global Leadership, Research and Development Responsibilities in HIV/AIDS

IMPACT - Regional and/or Country Interventions in HIV/AIDS

AIDSMark - Regional and/or Country Social Marketing Interventions in HIV/AIDS

UNAIDS - Multilateral Assistance

The remaining activities in the SSO4 portfolio will be awarded during 1998:

DMELLD- Design, Monitoring & Evaluation, Lessons Learned, and Dissemination

Specialized HIV/AIDS Program Assistance

(1) establish and improve data collection and reporting systems including HIV/STI surveillance; (2) build local PVO/NGO capacity through technical assistance, training, technology exchange, and institutional partnering; (3) conduct biomedical research to support the development of a vaginal microbicide, inexpensive STI diagnostics, and vaccines for use in third world settings; (4) provide technical assistance and operations research to develop rational, strategically sound basic care components which will enhance prevention programs; and (5) promote an increased policy dialogue.

Analysis of past performance will report on the baselines and targets achieved under the previous strategic objective (1995-1997) within the framework of the new strategic objective (1998-2002). Selected results from the previous performance data tables that correspond to the agenda of the new strategic objective will continue to be reported and new performance data baselines and targets will be added for new indicators that measure results for the expanded USAID response to the HIV/AIDS pandemic (SSO4/1998-2002). Expectations for 1997 were exceeded.

1. Performance Analysis

Over the past 12 years, USAID has emerged as the global leader in addressing the HIV epidemic by developing global standards of practice (i.e. proven interventions) for the prevention of HIV transmission. USAID has supported STI/HIV prevention and control through three major interventions: (1) Reduction of Sexually Transmitted Infection (STI), (2) Condom Social Marketing, and (3) Behavior Change Communication and several supporting interventions (Behavior Research, Policy Reform, Monitoring and Evaluation, Local Capacity Building, and Women's Status/Empowerment).

In 1997, the AIDSCAP Project -- the largest and most effective worldwide bilateral HIV/AIDS prevention and control program -- came to an end. Over the past 6 years, (1991-1997) AIDSCAP has produced significant results:

- Designed and supported comprehensive, multiyear programs in more than 40 countries in Africa, Asia, and Latin America/Caribbean, reaching over 22 million people with comprehensive behavior change interventions that combine strategic use mass media, interpersonal communication and appropriate policy reform,

- Increased the capacity of developing-country partners by training 186,967 professional and volunteer workers in STI/HIV/AIDS prevention and developing institutional skills in strategic planning, management, advocacy, and evaluation.

- Completed, in conjunction with the World Health Organization and UNAIDS, a three-country study on the effectiveness of HIV counseling and testing. Preliminary results of this study offered evidence of the effectiveness of such services as a prevention strategy in resource-poor countries.

- Disseminated lessons and best practices to more than 350,000 people worldwide through peer-reviewed articles, information packages, and a CD-ROM containing more than 300 AIDSCAP publications, manuals, and reports.

In addition, G/PHN program leadership and financial support have promoted the creation and continued growth of the UNAIDS Program -- a major new structure and approach co-sponsored by six United Nations organizations to coordinate UN efforts on HIV/AIDS prevention and care.

I.R. 4.1 Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV

Following up on last year's positive results of the female condom user satisfaction studies in Brazil and Kenya which demonstrated the potential of women's organizations to introduce the female condom and provide support to women for its sustained use, G/PHN purchased 300 thousand female condoms which are being distributed to interested missions to begin social marketing programs of this female controlled method.

G/PHN sponsored activities, such as the AIDSCAP Women's Initiative (AWI), have provided global leadership in research and advocacy for women's empowerment for HIV/AIDS prevention. In 1997, AWI has widely disseminated the results of the two female condom feasibility studies (mentioned above) which has stimulated demand in several USAID-assisted countries.

During 1997, a field test of a promising microbicide formulation to prevent HIV transmission, conducted in Africa, was unsuccessful. G/PHN is in the process of developing a new strategy for the development of improved barrier methods which will be implemented as part of the expanded SSO4.

I.R. 4.2 Enhanced quality, availability, and demand for STI prevention and management services

During 1997, G/PHN has continued to collaborate closely with UNAIDS to develop and disseminate guidelines for syndromic management of STIs, which improves diagnosis and treatment in resource-poor settings. As of this year, 18 countries had developed national guidelines for improved care at points of first encounter between patient and service provider with USAID support.

In the area of STI diagnostics, to date, USAID, through its support of PATH, has developed a simplified method for syphilis determination which is currently commercially available

through a private firm in the United Kingdom. PATH continues to work on rapid "dip stick" tests for gonorrhea and chlamydia using vaginal secretions or urine.

I.R. 4.3 Improved knowledge about, and capacity to address, the key policy, cultural, financial and other contextual constraints to preventing and mitigating the impacts of HIV/AIDS

G/PHN continues to work to reduce stigma and discrimination toward People Living With AIDS (PLWAs) and their families and to improve the policy environment to support increased HIV/AIDS prevention and mitigation efforts. Such approaches require long term investments and over the last several year G/PHN have completed policy assessments in eight countries to identify policy "gaps" and recommend opportunities for enhanced support for HIV/AIDS programs.

I.R. 4.4 Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services

USAID is a founding member and major contributor to the International HIV/AIDS Alliance which has established NGO support programs in eight countries. In 1998, the Alliance will begin developing new models of NGO mobilization in India and sharing its lessons and approaches with local organizations in Mexico. This program has proven effective in transferring donor resources to local level organizations and in expanding HIV/AIDS prevention programs through established NGO/CBO networks. Many of the 500 organizations who have received Alliance support to date were already providing other (non HIV/AIDS related) services to their communities.

The Peace Corps PASA has supported the design and implementation of community level programs targeting hard-to-reach groups such as out-of-school youth, commercial sex workers, and residents of small rural communities. In Burkina Faso, volunteers work closely with health center staff to develop prevention education programs by assisting them to conduct community needs assessments which are then used to identify community education priorities. Peace Corps has submitted a proposal to the World Bank to support a SIDA project which will provide volunteers training of the trainer (TOT) education so they can train community health workers to conduct their own HIV/AIDS public awareness programs.

I.R. 4.5 Improved availability of, and capacity to generate and use, data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts

In the last year, G/PHN staff have participated actively in the development of UNAIDS "Guidelines for Sentinel Surveillance Systems." G/PHN staff attended the USAID/UNAIDS funded workshop on HIV/AIDS and STD Surveillance in Berlin, Germany in September,

1997. The results from that meeting have been developed into a set of "Guidelines" for improved surveillance systems which are presently under review and are scheduled for publication in 1998.

The Behavioral Surveillance Survey (BSS) methodology that monitors trends in sexual behavior among target populations has been incorporated into these new Guidelines. This advance will greatly improve the ability of researchers to interpret the relationship between changes in sexual behavior and STI/HIV prevalence rates.

The AVERT model has been developed to estimate the number of HIV infections averted through behavior changes resulting from prevention interventions. By modeling pre-post intervention scenarios of high-risk behaviors in target populations, AVERT can produce estimates of reductions in HIV infection rates.

I.R. 4.6 Provide quality and timely assistance to partners (regional bureaus, missions, other donors, etc.) to ensure effective implementation of HIV/AIDS programs

Throughout the year, G/PHN staff have actively provided technical assistance in program design, implementation, and evaluation to missions and regional bureaus. In addition, G/PHN has managed the timely implementation of the new SSO4 portfolio which by the end of FY97 had received requests for assistance from 36 countries and the Asia/Near East and Africa Regional Bureaus.

2. Expected Progress through FY2000 and Mangement Actions

Over the next 5 years, USAID intends, through its collaboration and support to indigenous public and private sector institutions to reach over 50 million persons with comprehensive HIV/AIDS prevention and mitigation interventions.

The following is a list of major accomplishments that G/PHN expects to achieve between now and FY 2000 toward the reduction of STI/HIV transmission:

- G/PHN will support the continuation of the Agency’s global leadership and field support in HIV/STI prevention through technical collaboration and financial support to the United Nations Programme on HIV/AIDS (UNAIDS).

- CSM projects will continue to increase demand for and use of condoms. Increases in generated demand are expected to continue to grow reaching more than 400 million by 2000.

- Over the next two years, it is expected that in 19 USAID-assisted countries, 90% of all NGOs funded through the G/PHN HIV/STI portfolio will have essential management systems and skilled staff persons and 85% of the Alliance-assisted NGOs will have strategic plans articulated for HIV/AIDS prevention and services.

- Through the application of local behavioral research, and through innovative used of established BCC approaches, such as targeting social norms and stigma associated with HIV/STIs, G/PHN expects to bring correct knowledge of HIV prevention methods up to 40% in 1998, and to 50% in the year 2000 in HIV emphasis countries.

- By the year 2000, G/PHN will increase the proportion of people presenting with STI complaints at health facilities who are treated according to national standards to 40% in those clinical settings supported by USAID.

In addition to the anticipated achievements noted above, G/PHN will intensify efforts to encourage greater participation of people living with HIV/AIDS in the design, implementation, and evaluation of prevention activities as well as build a global consensus on the other intervention priorities, especially the role of care interventions within our comprehensive programs, which have been identified during the "reengineered" participatory process which resulted in the Agency’s expanded response to the global HIV/AIDS epidemic.

3. Performance Data Tables

STRATEGIC SUPPORT OBJECTIVE 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic
APPROVED: DD/MMM/YYYY **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: (SSO level)

INDICATOR: Total volume of USAID shipped condoms to HIV emphasis countries

UNIT OF MEASURE: millions of units shipped

SOURCE: USAID/G/PHN/POP/CLM

INDICATOR DESCRIPTION: Condoms purchased and shipped by USAID

COMMENTS: This indicator is from the previous SSO "Increased use of proven interventions to reduce HIV/STD transmission" which ended on 9/97 and will no longer be reported under the new strategy.

The new SSO4, approved 1/97, will collect baseline data on the following SSO level indicators during FY98:
(1) # of non-regular sex partners
(2) barrier method use with regular sex partner
(3) barrier method use with non-regular sex partner(s)
(4) STI prevalence
(5) % of PLWAs and survivors receiving appropriate care & support
(6) # of indigenous organizations capable to design & implement programs

YEAR	PLANNED	ACTUAL
1994 (B)		183.87
1995		314.118
1996		346.518
1997	150	313.242

STRATEGIC SUPPORT OBJECTIVE 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic
APPROVED: DD/MMM/YYYY **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: (SSO level)

INDICATOR: Sex-specific general population rate of reported condom use in in-union partner relations in HIV-emphasis countries

UNIT OF MEASURE: percent
SOURCE: DHSs, AIDSCAP

INDICATOR DESCRIPTION: during most recent act of sexual intercourse

COMMENTS: Based on various survey data from DHS and AIDSCAP; wide ranges reflect differences in survey methodology as well as differences in population's responses. 1997 values include an average and (min/max) range.

This indicator will continue to be reported under the new strategy.

In addition, the new SSO4, approved 1/97, will collect baseline data on the following SSO level indicators during FY98:
(1) # of non-regular sex partners
(2) barrier method use with non-regular sex partner(s)
(3) STI prevalence
(4) % of PLWAs and survivors receiving appropriate care & support
(5) # of indigenous organizations capable to design & implement programs

YEAR	PLANNED	ACTUAL
1994 (B)		(m) 15-31% (f) 3-5%
1995		(m) 9-12% (f) 4-7%
1996		(m) 6-47% (f) 3-41%
1997	2% increase/ year (m)/(f)	(m) = 78% (59-75) (f) = 86% (63-100)

STRATEGIC SUPPORT OBJECTIVE 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic
APPROVED: DD/MMM/YYYY **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: (SSO level)

INDICATOR: Sex-specific general population rate of reported condom use in casual relations, in HIV-emphasis countries

UNIT OF MEASURE: percent
SOURCE: DHSs, AIDSCAP

INDICATOR DESCRIPTION: during most recent act of sexual intercourse

COMMENTS: Based on various survey data from AIDSCAP; wide ranges reflect differences in survey methodology as well as differences in population's responses. 1997 values include an average and (min/max) range.

This indicator will continue to be reported under the new strategy.

In addition, the new SSO4, approved 1/97, will collect baseline data on the following SSO level indicators during FY98:
(1) # of non-regular sex partners
(2) barrier method use with regular sex partner
(3) STI prevalence
(4) % of PLWAs and survivors receiving appropriate care & support
(5) # of indigenous organizations capable to design & implement programs

YEAR	PLANNED	ACTUAL
1994 (B)		(m) 15-31% (f) 3-5%
1995		(m) 9-12% (f) 4-7%
1996		(m) 6-47% (f) 3-41%
1997	5 % increase/ year (m)/(f)	(m) = 48% (48-48) (f) = 87% (69-98)

STRATEGIC SUPPORT OBJECTIVE 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic
APPROVED: DD/MMM/YYYY **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: IR 4.1: Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV

INDICATOR: Technologies evaluated and available: Female barrier methods

UNIT OF MEASURE: Number of technologies on IDEA continuum

SOURCE: Monitored by G/PHNC/HN/HIV-AIDS

INDICATOR DESCRIPTION: "IDEA" Scale: I = technology approach identified,
D =developed, E = evaluated, A = made available

COMMENTS: This indicator is from the previous strategy which ended on 9/97 and will no longer be reported under the new strategy.

The new SSO4, approved 1/97, will collect baseline data on the following IR 4.1 level indicators during FY98:
(1) % of target population that know how to prevent STI/HIV
(2) distribution of all barrier methods
(3) % of males/females who have discussed HIV or STIs with their regular partners
(4) % with positive attitudes toward safer sex practices

YEAR	PLANNED	ACTUAL
1994 (B)		I) 1 D) 1 E) 1
1995		I) 1 E) 2
1996	I) 1 E) 1 A) 1	I) 1 E) 2
1997	 D) 1 A) 2	 D) 1 A) 1

STRATEGIC SUPPORT OBJECTIVE 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic
APPROVED: DD/MMM/YYYY **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: IR 4.1: Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV

INDICATOR: Technologies evaluated and available: STD diagnostics

UNIT OF MEASURE: Number of technologies on IDEA continuum
SOURCE: Monitored by G/PHNC/HN/HIV-AIDS

INDICATOR DESCRIPTION: "IDEA" Scale: I = technology approach identified,
D =developed, E = evaluated, A = made available

COMMENTS: This indicator is from the previous strategy which ended on 9/97 and will no longer be reported under the new strategy.

The new SSO4, approved 1/97, will collect baseline data on the following IR 4.1 level indicators during FY98:
(1) % of target population that know how to prevent STI/HIV
(2) distribution of all barrier methods
(3) % of males/females who have discussed HIV or STIs with their regular partners
(4) % with positive attitudes toward safer sex practices

YEAR	PLANNED	ACTUAL
1994 (B)		I) 1 D) 2
1995		D) 2 E) 1
1996	I) 1 E) 2 A) 1	D) 2 E) 1
1997	E) 2 A) 1	D) 2 E) 1

STRATEGIC SUPPORT OBJECTIVE 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic
APPROVED: DD/MMM/YYYY **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: IR4.2: Enhanced quality, availability, and demand for STI prevention and management services

INDICATOR: % of population aware of treatable STDs

UNIT OF MEASURE: percent
SOURCE: DHS, AIDSCAP Surveys

INDICATOR DESCRIPTION: those who can identify the most prevalent treatable STIs

COMMENTS: Based on various survey data from DHS and AIDSCAP; wide ranges reflect differences in survey methodology as well as differences in population's responses.

Data for 1997 are included in the following indicator "% of population aware of treatable STDs." This indicator includes awareness of STDs other than HIV.

This indicator will continue to be reported under the new strategy.

In addition, the new SSO4, approved 1/97, will collect baseline data on the following IR 4.2 level indicators during FY98:
(1) % of providers who are technically competent
(2) access to quality STI services
(3) % practicing care-seeking behaviors

YEAR	PLANNED	ACTUAL
1994 (B)		20%
1995		(m) 57-73% (f) 18-45%
1996	25% (over 1994 baseline)	(m) 80-98% (f) 42-99%
1997	(m) 65% (f) 40%	(m) 80-98% (f) 42-99% (1996 data)

STRATEGIC SUPPORT OBJECTIVE 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic
APPROVED: DD/MMM/YYYY **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: IR4.2: Enhanced quality, availability, and demand for STI prevention and management services

INDICATOR: % of population with correct knowledge of HIV/AIDS prevention

UNIT OF MEASURE: percent

SOURCE: DHS, AIDSCAP Surveys

INDICATOR DESCRIPTION: those who can identify two methods of HIV/AIDS prevention

COMMENTS: Based on various survey data from DHS and AIDSCAP; wide ranges reflect differences in survey methodology as well as differences in population's responses. 1997 values included prevention of STDs other than HIV. 1997 values include an average and (min/max) range.

This indicator will continue to be reported under the new strategy.

In addition, the new SSO4, approved 1/97, will collect baseline data on the following IR 4.2 level indicators during FY98:
(1) % of providers who are technically competent
(2) access to quality STI services
(3) % with knowledge about STIs and treatment options
(4) % practicing care-seeking behaviors

YEAR	PLANNED	ACTUAL
1994 (B)		26-66%
1995		(m) 27% (f) 29%
1996	(m) 30% (f) 35%	19-98%
1997	(m) 40% (f) 45%	(m) = 95% (91-100) (f) = 92% (87-97)

Strategic Support Objective 5: Increased Use of Key Infectious Diseases Interventions

Center Strategic Support Objective #5 and Intermediate Results	
Strategic Support Objective	**Intermediate Results**
SSO 5. Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance	I.R. 5.1 New and improved cost-effective infectious diseases interventions developed and disseminated
	I.R. 5.2 Improved policies and increased global, national and local resources for appropriate infectious diseases interventions
	I.R. 5.3 Enhanced knowledge of key infectious diseases-related behaviors and practices in selected countries.
	I.R. 5.4 Improved quality and availability of key infectious diseases services

1. Rationale

USAID's strategy to address the threat of infectious diseases is built upon a clear development principle: we will work with our partners to prevent disease while at the same time utilizing and strengthening existing health systems for treatment and control programs. To this effort, USAID brings a focus on infectious diseases which have a major public health impact in the developing world (concentrating on those diseases that are the sources of significant mortality) and on building the capacity of developing countries to prevent, treat and minimize the spread of infectious diseases.

Under Strategic Support Objectives 3 and 4, the Center focuses upon the major killers of children under five (pneumonia, diarrhea, measles, malaria, and malnutrition) and HIV/AIDS. USAID is committed to continuing those investments in developing simple, affordable technologies capable of ameliorating the effects of such killing diseases and in strengthening health systems to address endemic childhood diseases. These efforts have been critical for assuring an effective response to epidemic diseases such as cholera and dysentery.

Under Strategic Support Objective 5 the Center is also prepared to address new challenges, especially those that threaten public health achievements in developing countries. For example, antimicrobial resistance threatens progress made in malaria, pneumonia and diarrheal disease control programs. Improvements in effective surveillance and rational use of drugs also are imperative for continued progress. The majority of USAID's funding for infectious diseases is allocated for the prevention, surveillance and treatment of those diseases of major public health importance.

2. Problem Areas to be Addressed

The Center's infectious diseases efforts under SSO5 focus on four priority areas:

- Development and implementation of strategies and interventions to understand, contain and respond to the development and spread of **antimicrobial resistance**.

- Sustainable reduction in incidence of **tuberculosis** among key populations in selected countries;

- Sustainable reduction of deaths due to **malaria** and incidence of other infectious diseases of major public health importance among key populations in selected countries;

- Improvement in the capacity of selected countries to obtain and use good quality data for the **surveillance and effective response** to infectious diseases.

The Center will achieve results in these four areas through:

- the provision of technical assistance to developing country partners
- applied and other relevant research in strategically critical areas; and
- helping to build indigenous capacity to address these issues on a continuing basis

The four components of this strategy reinforce each other in a variety of ways. Both surveillance and reduction of antimicrobial resistance are cross-cutting and important elements of TB and malaria efforts.

The activities covered under SSO5 are intended to complement and extend USAID's ongoing work to reduce mortality due to infectious diseases -- specifically diseases that threaten the survival of children, the reproductive health of women and the life expectancy of young adults (such as HIV/AIDS) - that are covered under SSO3 and SSO4. This continuity is reflected in the shared scope of intermediate results of the Center's SOs that emphasize: investments in research; adoption of policies and increased commitment of local resources; improved behaviors and practices; and the quality and availability of services.

3. Summary: Intermediate Results

The primary focus the Center's infectious diseases strategy will be to build upon and scale-up program interventions that have been shown to be effective in reducing the threat of infectious diseases. Under the expanded infectious diseases initiative the Center will seek to support the following kinds of activities.

- Develop new tools, including methods to detect resistance and other diagnostics;

- Mobilize and participate in global partnerships, including coordinating strategies, activities and data needs with other donors;

- Foster policy dialogue to focus attention of partner governments on the continued importance of infectious disease control;

- Support improved capacity of health professionals to diagnose and manage illness;

- Strengthen the link between better data and action on data, including drug management; and

- Promote improve community level interventions for the prevention and management of diseases;

Four intermediate results (IRs) arising from these investments will contribute to achieving SSO5.

IR 5.1 **New and improved cost-effective interventions developed and disseminated**. A range of technologies and interventions for the prevention and management of tuberculosis, malaria, antimicrobial resistance and enhanced surveillance and disease response capabilities will be developed, field evaluated and available for adoption by national programs..

IR 5.2 **Improved policies and increased global, national and local resources for appropriate infectious diseases interventions**. The Center will focus on supporting the development and adoption of policies that promote sound strategic approaches for the prevention and control of target infectious diseases, as well as increased public/private sector human and financial resources to support implementation of infectious disease activities. Emphasis will be placed on the formulation of global strategies, such as in the case of tuberculosis and antimicrobial resistance, and on ensuring national and local resources are available to address priority infectious disease areas.

IR 5.3 **Enhanced knowledge of key infectious diseases practices**. The Center will support information, education, communication and behavior change activities as part of a comprehensive effort to promote the adoption of effective preventive and care-giving practices by households and communities.

IR 5.4 **Improved quality and availability of key infectious disease services**. The Center will promote improvements in the availability, quality and cost-effectiveness of key infectious disease services, focusing on the four priority areas: TB, malaria, antimicrobial resistance, and surveillance. In addition, the Center will support the development and implementation of policies, plans and programs promoting standards for quality care.

4. Key Assumptions

Strategic Support Objective 5 and associated program results can be achieved if:

Additional management and technical staff available To manage and coordinate this new infectious disease initiative, USAID will need both additional technical expertise and greater programmatic flexibility. Additional technical expertise is needed to provide the technical oversight required to effectively manage field activities and coordinate central efforts with other organizations such as WHO and CDC.

Coordinated programming of infectious disease activities Guiding the Center's investments in SSO5 is the Agency's strategic document "*Reducing the Threat of Infectious Diseases of Mayor Public Health Importance: USAID's Initiative to Prevent and Control Infectious Diseases*." The success of SSO5 will depend on close coordination between the Center and other parts of the Agency in the implementation of this strategy.

Availability of adequate financial resources The Agency's Infectious Disease Initiative has been planned on the basis of an annual budget of $50 million. The Center's success in achieving the I.Rs. will be dependent of these funds being available.

5. Monitoring and Evaluation

SSO5 is part of an expanded commitment by the Agency to the prevention and control of infectious diseases - which has the stated goal of reducing mortality by infectious diseases by 10%. Measuring progress towards this goal, and specifically the Center's contribution requires developing a standard core of process and intermediate indicators for each of these new areas.

Of the four program areas captured under SSO5 three -- tuberculosis, antimicrobial resistance, and diseases surveillance -- are largely areas of new investment. Monitoring and evaluation of tuberculosis and antimicrobial resistance are especially challenging -- as there are no global strategies in place to guide either the investments or set targets for success. Developing such strategies are a necessary priority to setting indicators. During the first year of the initiative the Center is expected to work closely with the international community to formulate strategies and developed plans of actions for each of these components. On the basis of these efforts specific sets of indicators will be developed, as will be systems to record and report on data.

ENVIRONMENTAL COMPLIANCE

There are no issues. The PHN Program qualifies for a Categorical Exclusion pursuant to 22 CFR 216.2 (c) (viii) which states: "Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)" generally do not require an Initial Environmental Examination, Environmental Assessment and Environmental Impact Statement.

PART III: STATUS OF THE MANAGEMENT CONTRACT

During 1997, G/PHN revised SSO2 through a broad participatory process that involved other USAID operating units, missions, cooperating agencies and contractors, universities, women's health advocates, donors, and others. The detailed review dealt with the reality that the funding that had been anticipated when SSO2 was originally put in place in December 1995, based upon expectations for a broader women's health agenda in response to the commitments made in Cairo in 1994, was not going to be forthcoming at this time. In an effort to more clearly define USAID's manageable interest in maternal health, it was agreed to use a life cycle approach and strengthen focus on the interventions related to pregnancy and childbirth that would keep a woman on a pathway to maternal survival.

The revised SSO2 for 1998-2002 reflects the international state of the art technical knowledge about how to reduce maternal mortality, as well as the commitment of stakeholders and missions in obtaining results. The revised SSO2 went through a formal review and approval process and approval by the Assistant Administrator/Global Bureau is expected in April/May 1998. It will become fully operational in late FY 1998 when the new Maternal and Neonatal Health Results Package procurements are finalized. The SSO2 indicators are currently under review and revision. The final set of indicators, appropriate to the new maternal health strategy, will seek to capture the value added of G/PHN's contribution to maternal survival and fall within G/PHN's manageable interest. Under this revised SSO there are four intermediate results which continue the research and policy aspects of the original SSO, while establishing a tighter focus on technical areas that can lead to maternal survival.

STRATEGIC SUPPORT OBJECTIVE 2 (1998-2002): Increased use of key maternal health and nutrition interventions.

Intermediate Result 2.1: Effective and appropriate maternal health and nutrition interventions and approaches identified, developed, evaluated, and/or disseminated (IDED).

Intermediate Result 2.2: Improved policy environment for maternal health and nutrition programs.

Intermediate Result 2.3: Improved capabilities of individuals, families, and communities to protect and enhance maternal health and nutrition.

Intermediate Result 2.4: Increased access to, and availability of, quality maternal health and nutrition programs and services.

As discussed earlier (see Part II, SSO5), G/PHN is working collaboratively with other partners in USAID and outside organizations to develop a new SSO for infectious diseases. This new SSO will contribute directly to achievement of the Agency's new strategic objective for infectious disease, and will focus on interventions that fall within G/PHN's comparative advantage.

G/PHN's activities contribute to reducing the threat of infectious disease by focussing in four critical areas of work:

- interventions to contain and respond to the development and spread of antimicrobial resistance;

- interventions to reduce the incidence of tuberculosis among key populations in selected countries;

- interventions to reduce the number of death due to malaria and other infectious disease of major public health importance; and

- improvement in the capacity of selected countries to obtain and use good quality data for surveillance and effective response to infectious disease.

Specific wording for the Center's SSO5 and related IRs are being developed and will be reviewed and approved by AA/G later in 1998.

[RESOURCE REQUEST FOR DIRECT-HIRE VIEW ONLY!]

R4
Results Review and Resource Request FY 2000

Population, Health and Nutrition Center

Bureau for Global Programs, Field Support and Research
U.S. Agency for International Development

PART IV: RESOURCE REQUEST

1. Financial Plan

G/PHN requests a total of $251.1 million for FY2000 to achieve the results described in Part II of this R4. Of this amount $141.8 million is requested from the Development Assistance (DA) account and $109.3 million from the Child Survival and Other Diseases (CSD) account. This is an increase of $8.2 million from the FY1999 level. The increase, all of which is in CSD, reflects the need for increased resources for SSO3 and SSO4.

The **$141.8 million for SSO1**, "Increased use by women and men of voluntary practices that contribute to reduced fertility," is straightlined from the FY1999 request level. This is considered adequate to fund core family planning and reproductive health activities provided an adequate level of funding is received from field support, including funding for contraceptives. However, a continuation of metering of funds for population assistance will erode our ability to achieve planned results.

A total of **$25 million is proposed for SSO2,** "Increased use of safe pregnancy, women's nutrition, family planning and key reproductive health interventions." It is shown as a non-add amount on the budget tables. Certain activities undertaken under SSO1 contribute to and are critical to the achievement of SSO2. Furthermore, activities under SSO2 make a substantial contribution to SSO3, and, to a lesser extent, SSO4. Therefore, for FY2000, an estimated 40% ($10 million) of funding for SSO2 is from SSO1, with the remaining 60% ($15 million) from SSO3. Therefore, any shortfalls in funding for either SSO1 or SSO3 would also impact on our ability to meet the objectives anticipated under this SSO.

The **$58.0 million for SSO3,** "Increased use of key child and nutrition interventions," is $4.1 million above that requested for FY1999. However, it is only slightly ($.3 million) over the current FY1998 core level for this important program area. The proposed level will mitigate the impact on critical centrally-funded child survival research and implementation activities by providing funding for sub-earmarks for polio and micronutrient. It will also maintain our ability to provide technical leadership and research in maternal health, water supply and sanitation, health financing, and policy reform. These are all critical to the achievement of not only the results under our SSO3 objectives but also to achievement of the Agency's strategic objectives.

The **$35.8 million for SSO4**, "Increased use of improved, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic," is an increase of $4.1 million over the FY1999 request of $31.7 million, and an increase of $3.9 million over FY1998. Unless funding is held at the $35.8 million level, we would have to reduce our commitment to UNAIDS and would be unable to fulfill our mandate to provide critical prevention and mitigation interventions to the ever increasing vulnerable population.

The **$15.5 million for SSO5**, "Increased use of proven interventions to reduce the threat of

infectious diseases of major public health importance" is higher than the FY1999 request level of $8.0 million. However, $15.5 million is equal to FY1998 funding and is the amount necessary if we are to meet the objectives in the recently developed infectious disease strategy supporting the new Agency SO.

Field Support

Sustained levels of field support will continue to be critical to our ability to respond to field requirements. Our review of mission R4s will include an analysis to determine if there are changes in field support funding trends that will impact on PHN activities. Diminished field support funding would reduce the results achieved, and negatively affect the impact of G/PHN activities.

Pipeline

Projects in G/PHN typically maintain a pipeline of less than 12 months funding. Because of the restrictions on FY 1997 and FY 1998 population resources, pipelines for these programs are being depleted further. Continued metering of funds for population activities will erode our ability to achieve planned results.

2. Operating Expense and Staffing

Overview

G/PHN has responsibility for providing global leadership and technical support for the PHN sector Agency-wide. This requires adequate OE funding, as well as technical, program and administrative staffing to accomplish this objective. The latest reductions in direct hire staff will diminish G/PHN's ability to carry out its goals and objectives. Taking into consideration the limitations throughout the Agency, we are requesting the following increases or FY1999 and FY2000:

- Four direct-hire positions for a requested total of 77. No increase is requested for the non-direct hire (PASA) level of 4.

- $75,300 increase in OE funds for a total of $365,500 to include $50,000 for the Manpower Contract, $275,500 for travel and $40,000 for Supplies

Although the PHN budget has increased two-fold since the early l980's, our PHN staff continues to decrease. The higher the level of funding, the more labor intensive the implementation of the program becomes. Although the Agency has taken steps to protect BS-50, this has provided relief primarily for personnel problems in the field.

We realize that requesting an increase in staffing at a time when reductions have already occurred is not realistic; however, with the new requirement that Centers must now use their

OE allocation to purchase supplies, G/PHN needs additional OE for travel to enable the Center to be responsive to program needs in the field. This request comes at a time when greater support is required to provide assistance in managing programs for missions that are closing while supporting them in developing transition plans, etc.

Staffing

In FY1998, G/PHN continues to manage two-thirds of G's budget, despite having only about one-third of the Bureau's staff. A reduction in USAID field presence combined with a decreased capacity in regional bureaus to backstop PHN sector programs have resulted in a significant increase in G/PHN's responsibility for backstopping field programs. This includes management of selected regional projects, assistance in managing programs for missions that are closing, and cooperation with affected missions in developing transition plans. It is important that USAID maintain its leadership role (within USAID/W, in the field and with the donor community) to provide the quality and level of service for which we have become recognized. However, in order to continue in this capacity, our current On Board ceiling of 73 direct-hire personnel limits our ability to achieve our planned results. **To achieve our planned results, PHN will need an increase, at a minimum, to an On-Board ceiling of 77 for FY1999 and FY2000.** This comes to four additional staff to include:

(1) GS-14 Public Health Advisor #169741010 (Office of Health and Nutrition)

(2) FS-01 Environmental Engineer #169745010 (Office of Health and Nutrition)

(3) GM-15 Biologist #169735010 (Office of Population)

(4) FS-02 Population Development Officer #169731025 (Office of Population)

With the increase in positions, PHN will be able to accomplish the following:

(1) A Public Health Advisor is required to support activities resulting from Congressional interest in infectious diseases, the additional funding and the new strategic objective in this area. The Global Bureau plays a key role in guiding the development of the strategic objective and managing the use of these funds. Because of the Congressional interest and high visibility, it is important that the PHN Center have in-house technical expertise to represent the Agency. This Advisor will help to direct new activities related to infectious disease programs and develop, coordinate and monitor reports for Congress on the Agency's behalf. The Advisor will also support Missions in developing their own infectious disease programs. Field support funding is anticipated for infectious diseases since most missions do not have infectious disease strategies nor mechanisms in place to absorb the funds.

The loss of this position would seriously compromise G/PHN's ability to manage this high profile program, which is expected to exceed $30 million in core funding and field support annually.

(2) An Environmental Engineer - is required to support the development of environmental health and infectious disease activities with expanded programs in environmental health, including a mitigation strategy for health problems which are directly linked to global warming. This area requires expertise and experience which is not currently available in the USDH staff. Strong technical expertise is especially needed to develop comprehensive implementation strategies involving numerous donors.

The loss of this position will eliminate critical support for increasing donor, inter-agency and inter-bureau coordination which is required to leverage USAID's investments in environmental health and ensure proper use of the Agency's limited resources.

(3) Biologist - Along with WHO, USAID is the primary donor agency which is developing methods that are appropriate for use in less developed countries. This is critical in meeting the Agency goal of stabilizing world population growth. The Biologist will ensure the support and continued development and implementation of contraceptive research as relates to our strategic objectives. USAID support for contraceptive research and development averages approximately $20 million per year in the management of three complex cooperative agreements.

The loss of this position would leave the PHN Center without critically needed expertise in the principles, scientific theories and concepts required to develop and implement applied and clinical research programs in the development of new contraceptives. USAID would be hampered in its ability to maintain its position of technical leadership in this field without the biologist.

(4) Population Development Officer - The main responsibility of the Population Development Officer is to assure maximum benefit to USAID's low and middle income customers in approximately twenty developing countries in support of Strategic Support Objective 1. The Population Development Officer will manage a wide range of technical and management resources in support of contraceptive marketing and commercial distribution, business organizations and financial management to support family planning services delivery.

The loss of this position would mean the inability to provide leadership support and management expertise in directing the program to reach new heights through partnerships with the commercial private sector to leverage additional resources.

Travel

In FY 1997, G/PHN direct-hire staff conducted 147 trips to 37 countries, including technical meetings, field trips, etc. The cost of this travel was approximately $293,000. The reduction in our travel budget from $293,000 to $275,500 in FY1998 has drastically reduced our ability to provide support to USAID Missions and effectively carry out our mandate. G/PHN continues to need additional budgetary relief in FY1999 and FY2000 in order to provide technical support to the field, global leadership, and project management. In view of

current and projected budget limitations an increase of $55,300 is requested for FY1999 and FY2000 for reasons articulated below:

- With the downsizing of regional bureau and mission staff, the Agency is looking more to Global Bureau to provide field support and technical direction, assist with transition planning and project oversight. Decreases in the travel budget will reduce the likelihood of responding to all field requests, particularly as they relate to new Agency initiatives. As in the past, we are forced to rely on non-direct hire technical staff to be responsive to Missions in the absence of resources for direct hire staff.

  G/PHN staff must attend national and international meetings and conferences, such as, International Conference on HIV/AIDS annual meetings and the Population Association of America.

- G/PHN is assuming greater responsibility in donor coordination, by reducing duplication among donors and attempting to leverage other donor funding. Examples include the US-Japan Common Agenda and IPPF.

- G/PHN must ensure project oversight for its network of over 75 Cooperating Agencies and contractors. CTOs must periodically review technical performance to insure accountability and prevent vulnerability.

Technical Training

Keeping our PHN officers current in the latest technical information that relates to our program, as well as updates in Agency processes and systems in accordance with reengineering, remains a high priority for the PHN Center. Technical training is a critical part of the PHN program which enables the technical staff to support the Agency in its leading role with other donors. An increase in training funds from $75,500 to $80,000 would enable us to enhance our staffing capabilities with emphasis on project management and updates on reengineering processes. Ongoing training in NMS is required to provide initial training for new DH personnel and provide updates in training for both CTOs and program staff as changes occur. It is assumed that these funds will continue to be provided from sources outside G/PHN's OE funding allocation.

1. FINANCIAL PLAN

(Insert WK4. budget tables here)

USAID FY 2000 BUDGET REQUEST BY PROGRAM/COUNTRY

19-Aug-98
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Country/Program:
Scenario: Base Level

S.O. # , Title	Approp. Acct	Bilateral/Field Support	Est. SO Pipeline End of FY 99	Estimated Total	FY 2000 Basic Education	Agric.	Other Growth	Pop	Child Survival	Infectious Diseases	HIV/AIDS	Other Health	Environ	D/G	Est. Expend. FY 00	Est. Total Cost life of SO	Future Cost (POST 2000)	Year of Final Oblig.
SSO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility																		
	DA	Bilateral	119.100	141.800				141.800							142.100	1065.700	425.400	XX
		Field Spt		0.000														
	Total		119.100	141.800	0.000		0.000	141.800	0.000	0.000	0.000	0.000	0.000	0.000	142.100	1065.700	425.400	
SSO 2: Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions																		
	DA	Bilateral		0.000				[10.000]									0.000	XX
		Field Spt		0.000														
	Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
SSO 2: Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions																		
	CSD	Bilateral		0.000					[15.000]								0.000	XX
		Field Spt		0.000													0.000	
	Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
SSO 3: Increased use of key child health and nutrition interventions																		
	CSD	Bilateral	48.500	58.000					48.900			9.100	0.000		54.300	463.900	174.000	XX
		Field Spt		0.000														
	Total		48.500	58.000	0.000		0.000	0.000	48.900	0.000	0.000	9.100	0.000	0.000	54.300	463.900	174.000	
SSO 4: Increased use of proven interventions to reduuce HIV/STD transmission																		
	CSD	Bilateral	28.500	35.800							35.800				32.100	277.000	107.400	XX
		Field Spt		0.000														
	Total		28.500	35.800	0.000		0.000	0.000	0.000	0.000	35.800	0.000	0.000	0.000	32.100	277.000	107.400	
SSO 5: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance																		
	CSD	Bilateral	11.900	15.500						15.500					16.900	93.000	46.500	XX
		Field Spt		0.000														
	Total		11.900	15.500	0.000		0.000	0.000	0.000	15.500	0.000	0.000	0.000	0.000	16.900	93.000	46.500	
		Bilateral		0.000														
		Field Spt		0.000														
	Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
		Bilateral		0.000														
		Field Spt		0.000														
	Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
Total Bilateral			208.000	251.100	0.000		0.000	141.800	48.900	15.500	35.800	9.100	0.000	0.000		1899.600		
Total Field Support			0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000		
TOTAL PROGRAM			208.000	251.100	0.000		0.000	141.800	48.900	15.500	35.800	9.100	0.000	0.000		1899.600	**753.300**	

FY 2000 Request Sector Totals -- DA	
Econ Growth	0.000
[Of which Microenterpris	0.000
HCD	0.000
PHN	251.100
Environment	0.000
[Of which Biodiversity]	0.000
Democracy	0.000
Humanitarian	0.000

FY 2000 Request Sector Totals -- ESF	
Econ Growth	0.000
[Of which Microenterprise	0.000
HCD	0.000
PHN	0.000
Environment	0.000
[Of which Biodiversity]	0.000
Democracy	0.000
Humanitarian	0.000

FY 2001 Target Program Level	251.100
FY 2002 Target Program Level	251.100
FY 2003 Target Program Level	251.100

USAID FY 1999 Budget Request by Program/Country

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Country/Program:
Scenario: Base Level

S.O. # , Title	Approp. Acct	Bilateral/Field Support	Est. SO Pipeline End of FY 98	Estimated Total	FY 1999 Basic Education	Agric.	Other Growth	Pop	Child Survival	Infectious Diseases	HIV/AIDS	Other Health	Environ	D/G	Est. Expend. FY 99	Est. Total Cost life of SO	Future Cost (POST 2000)	Year of Final Oblig.
SSO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility																		
	DA	Bilateral	104.200	141.800				141.800							126.900	1065.700	567.200	XX
		Field Spt		0.000														
	Total		104.200	141.800	0.000		0.000	141.800	0.000		0.000	0.000	0.000	0.000	126.900	1065.700	567.200	
SSO 2: Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions																		
	DA	Bilateral		0.000				[11.000]									0.000	XX
		Field Spt		0.000														
	Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
SSO 2: Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions																		
	CS	Bilateral		0.000					[14.000]								0.000	XX
		Field Spt		0.000													0.000	
	Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
SSO 3: Increased use of key child health and nutrition interventions																		
	CS	Bilateral	51.900	53.857					48.070			5.787	0.000		57.300	463.900	232.000	XX
		Field Spt		0.000														
	Total		51.900	53.857	0.000		0.000	0.000	48.070	0.000	0.000	5.787	0.000	0.000	57.300	463.900	232.000	
SSO 4: Increased use of proven interventions to reduuce HIV/STD transmission																		
	CS	Bilateral	28.700	31.900							31.900				31.900	277.000	143.200	XX
		Field Spt		0.000														
	Total		28.700	31.900	0.000		0.000	0.000	0.000	0.000	31.900	0.000	0.000	0.000	31.900	277.000	143.200	
SSO 5: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance																		
	CS	Bilateral	9.600	8.000						8.000					14.200	93.000	62.000	XX
		Field Spt		0.000														
	Total		9.600	8.000	0.000		0.000	0.000	0.000	8.000	0.000	0.000	0.000	0.000	14.200	93.000	62.000	
		Bilateral		0.000														
		Field Spt		0.000														
	Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
		Bilateral		0.000														
		Field Spt		0.000														
	Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
Total Bilateral			194.400	235.557	0.000		0.000	141.800	48.070	8.000	31.900	5.787	0.000	0.000		1899.600		
Total Field Support			0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000		
TOTAL PROGRAM			194.400	235.557	0.000		0.000	141.800	48.070	8.000	31.900	5.787	0.000	0.000		1899.600	**1004.400**	

FY 1999 Request Sector Totals -- DA	
Econ Growth	0.000
[Of which Microenterpris	0.000
HCD	0.000
PHN	235.557
Environment	0.000
[Of which Biodiversity]	0.000
Democracy	0.000
Humanitarian	0.000

FY 1999 Request Sector Totals -- ESF	
Econ Growth	0.000
[Of which Microenterprise	0.000
HCD	0.000
PHN	0.000
Environment	0.000
[Of which Biodiversity]	0.000
Democracy	0.000
Humanitarian	0.000

FY 2001 Target Program Level	251.100
FY 2002 Target Program Level	251.100
FY 2003 Target Program Level	251.100

USAID FY 1998 Budget Request by Program/Country

19-Aug-98
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Country/Program:
Scenario: Base Level

S.O. # , Title / Approp. Acct	Bilateral/Field Support	Est. SO Pipeline End of FY 97	Estimated Total	FY 1998 Basic Education	Agric.	Other Growth	Pop	Child Survival	Infectious Diseases	HIV/AIDS	Other Health	Environ	D/G	Est. Expend. FY 98	Est. Total Cost life of SO	Future Cost (POST 2000)	Year of Final Oblig.
SSO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility																	
DA	Bilateral	94.700	124.200				124.200							114.700	1065.700	709.000	XX
	Field Spt		0.000														
Total		94.700	124.200	0.000		0.000	124.200	0.000	0.000	0.000	0.000	0.000	0.000	114.700	1065.700	709.000	
SSO 2: Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions																	
DA	Bilateral		0.000				[10.000]									0.000	XX
	Field Spt		0.000														
Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
SSO 2: Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions																	
CS	Bilateral		0.000					[13.000]								0.000	XX
	Field Spt		0.000													0.000	
Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
SSO 3: Increased use of key child health and nutrition interventions																	
CS	Bilateral	49.400	57.650	0.000				48.500			9.150	0.000		55.200	463.900	285.900	XX
	Field Spt		0.000														
Total		49.400	57.650	0.000		0.000	0.000	48.500	0.000	0.000	9.150	0.000	0.000	55.200	463.900	285.900	
SSO 4: Increased use of proven interventions to reduuce HIV/STD transmission																	
CS	Bilateral	26.200	31.900	0.000						31.900				29.400	277.000	174.900	XX
	Field Spt		0.000														
Total		26.200	31.900	0.000		0.000	0.000	0.000	0.000	31.900	0.000	0.000	0.000	29.400	277.000	174.900	
SSO 5: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance																	
CS	Bilateral	0.000	15.500	0.000					15.500					5.900	93.000	77.500	XX
	Field Spt		0.000														
Total		0.000	15.500	0.000		0.000	0.000	0.000	15.500	0.000	0.000	0.000	0.000	5.900	93.000	77.500	
	Bilateral		0.000														
	Field Spt		0.000														
Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
	Bilateral		0.000														
	Field Spt		0.000														
Total		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000	
Total Bilateral		170.300	229.250	0.000		0.000	124.200	48.500	15.500	31.900	9.150	0.000	0.000		1899.600		
Total Field Support		0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000		
TOTAL PROGRAM		170.300	229.250	0.000		0.000	124.200	48.500	15.500	31.900	9.150	0.000	0.000		1899.600	**1247.300**	

FY 1998 Request Sector Totals -- DA	
Econ Growth	0.000
[Of which Microenterpris	0.000
HCD	0.000
PHN	229.250
Environment	0.000
[Of which Biodiversity]	0.000
Democracy	0.000
Humanitarian	0.000

FY 1998 Request Sector Totals -- ESF	
Econ Growth	0.000
[Of which Microenterprise	0.000
HCD	0.000
PHN	0.000
Environment	0.000
[Of which Biodiversity]	0.000
Democracy	0.000
Humanitarian	0.000

FY 2001 Target Program Level	251.100
FY 2002 Target Program Level	251.100
FY 2003 Target Program Level	251.100

Org. G/PHN FY 1998 On-Board Estimate	SSO/SpO Staff							Total SSO/SpO Staff	Management Staff						Total Mgmt.	Grand Total Staff
	SSO 1	SSO 2	SSO 3	SSO 4	SSO 5	SpO 2	SpO 3		Org. Mgmt.	Con-troller	AMS/ EXO	Con-tract	Legal	All Other		
U.S. Direct Hire	22	6	10	3.5	4			45.5	12					15.5	27.5	73
Other U.S. Citizens: 1/																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
FSN/TCN Non-Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1		0.5	1.5	0.5			3.5						0.5	0.5	4
Total Staff Levels	23	6	10.5	5	4.5	0	0	49	12	0	0	0	0	16	28	77
TAACS	3	1.5	8	2.5	3			18						1	1	19
Fellows	27	2.5	8.5	6	1			45						6	6	51

1/ Excluding TAACS and Fellows

Org. G/PHN FY 1999 Target On-Board Estimate	SSO/SpO Staff SSO 1	SSO 2	SSO 3	SSO 4	SSO 5	SpO 2	SpO 3	Total SSO/SpO Staff	Management Staff Org. Mgmt.	Con-troller	AMS/ EXO	Con-tract	Legal	All Other	Total Mgmt.	Grand Total Staff
U.S. Direct Hire	22	6	10	3.5	4			45.5	12					15.5	27.5	73
Other U.S. Citizens: 1/																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
FSN/TCN Non-Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1		0.5	1.5	0.5			3.5						0.5	0.5	4
Total Staff Levels	23	6	10.5	5	4.5	0	0	49	12	0	0	0	0	16	28	77
TAACS	3	1.5	8	2.5	3			18						1	1	19
Fellows	27	2.5	8.5	6	1			45						6	6	51

1/ Excluding TAACS and Fellows

Org. G/PHN FY 1999 Request On-Board Estimate	SSO/SpO Staff SSO 1	SSO 2	SSO 3	SSO 4	SSO5	SpO 2	SpO 3	Total SSO/SpO Staff	Management Staff Org. Mgmt.	Con-troller	AMS/ EXO	Con-tract	Legal	All Other	Total Mgmt.	Grand Total Staff
U.S. Direct Hire	24	6	10	4.5	4			48.5	12					16.5	28.5	77
Other U.S. Citizens: 1/																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
FSN/TCN Non-Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1		0.5	1.5	0.5			3.5						0.5	0.5	4
Total Staff Levels	25	6	10.5	6	4.5	0	0	52	12	0	0	0	0	17	29	81
TAACS	3	1.5	8	2.5	3			18						1	1	19
Fellows	27	2.5	8.5	6	1			45						6	6	51

1/ Excluding TAACS and Fellows

Org. G/PHN FY 2000 Target On-Board Estimate	SSO/SpO Staff SSO 1	SSO 2	SSO 3	SSO 4	SSO 5	SpO 2	SpO 3	Total SSO/SpO Staff	Management Staff Org. Mgmt.	Con-troller	AMS/ EXO	Con-tract	Legal	All Other	Total Mgmt.	Grand Total Staff
U.S. Direct Hire	22	6	10	3.5	4			45.5	12					15.5	27.5	73
Other U.S. Citizens: 1/																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
FSN/TCN Non-Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1		0.5	1.5	0.5			3.5						0.5	0.5	4
Total Staff Levels	23	6	10.5	5	4.5	0	0	49	12	0	0	0	0	16	28	77
TAACS	3	1.5	8	2.5	3			18						1	1	19
Fellows	27	2.5	8.5	6	1			45						6	6	51

1/ Excluding TAACS and Fellows

Org. G/PHN FY 2000 Request On-Board Estimate	SSO/SpO Staff SSO 1	SSO 2	SSO 3	SSO 4	SSO 5	SpO 2	SpO 3	Total SSO/SpO Staff	Management Staff Org. Mgmt.	Con-troller	AMS/ EXO	Con-tract	Legal	All Other	Total Mgmt.	Grand Total Staff
U.S. Direct Hire	24	6	10	4.5	4			48.5	12					16.5	28.5	77
Other U.S. Citizens: 1/																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
FSN/TCN Non-Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1		0.5	1.5	0.5			3.5						0.5	0.5	4
Total Staff Levels	25	6	10.5	6	4.5	0	0	52	12	0	0	0	0	17	29	81
TAACS	3	1.5	8	2.5	3			18						1	1	19
Fellows	27	2.5	8.5	6	1			45						6	6	51

1/ Excluding TAACS and Fellows

Org. G/PHN FY 2001 Target On-Board Estimate	SSO/SpO Staff							Total SSO/SpO Staff	Management Staff						Total Mgmt.	Grand Total Staff
	SSO 1	SSO 2	SSO 3	SSO 4	SSO 5	SpO 2	SpO 3		Org. Mgmt.	Con-troller	AMS/ EXO	Con-tract	Legal	All Other		
U.S. Direct Hire	24	6	10	4.5	4			48.5	12					16.5	28.5	77
Other U.S. Citizens: 1/																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
FSN/TCN Non-Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1		0.5	1.5	0.5			3.5						0.5	0.5	4
Total Staff Levels	25	6	10.5	6	4.5	0	0	52	12	0	0	0	0	17	29	81
TAACS	3	1.5	8	2.5	3			18						1	1	19
Fellows	27	2.5	8.5	6	1			45						6	6	51

1/ Excluding TAACS and Fellows

Org. G/PHN FY 2001 Request On-Board Estimate	SSO/SpO Staff							Total SSO/SpO Staff	Management Staff						Total Mgmt.	Grand Total Staff
	SSO 1	SSO 2	SSO 3	SSO 4	SSO 5	SpO 2	SpO 3		Org. Mgmt.	Con-troller	AMS/ EXO	Con-tract	Legal	All Other		
U.S. Direct Hire	24	6	10	4.5	4			48.5	12					16.5	28.5	77
Other U.S. Citizens: 1/																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
FSN/TCN Non-Direct Hire:																
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1		0.5	1.5	0.5			3.5						0.5	0.5	4
Total Staff Levels	25	6	10.5	6	4.5	0	0	52	12	0	0	0	0	17	29	81
TAACS	3	1.5	8	2.5	3			18						1	1	19
Fellows	27	2.5	8.5	6	1			45						6	6	51

1/ Excluding TAACS and Fellows

Org. G/PHN Summary On-Board Estimate	SSO/SpO Staff SSO 1	SSO 2	SSO 3	SSO 4	SSO 5	SpO 2	SpO 3	Total SO/SpO Staff	Management Staff Org. Mgmt.	Con-troller	AMS/ EXO	Con-tract	Legal	All Other	Total Mgmt.	Grand Total Staff
FY 1998:																
U.S. Direct Hire	22	6	10	3.5	4	0	0	45.5	12	0	0	0	0	15.5	27.5	73
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OE Locally Recruited	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total OE Funded Staf	22	6	10	3.5	4	0	0	45.5	12	0	0	0	0	15.5	27.5	73
Program Funded	1	0	0.5	1.5	0.5	0	0	3.5	0	0	0	0	0	0.5	0.5	4
Total FY 1998	23	6	10.5	5	4.5	0	0	49	12	0	0	0	0	16	28	77
FY 1999 Target:																
U.S. Direct Hire	22	6	10	3.5	4	0	0	45.5	12	0	0	0	0	15.5	27.5	73
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OE Locally Recruited	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total OE Funded Staf	22	6	10	3.5	4	0	0	45.5	12	0	0	0	0	15.5	27.5	73
Program Funded	1	0	0.5	1.5	0.5	0	0	3.5	0	0	0	0	0	0.5	0.5	4
Total FY 1999 Target	23	6	10.5	5	4.5	0	0	49	12	0	0	0	0	16	28	77
FY 1999 Request:																
U.S. Direct Hire	24	6	10	4.5	4	0	0	48.5	12	0	0	0	0	16.5	28.5	77
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OE Locally Recruited	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total OE Funded Staf	24	6	10	4.5	4	0	0	48.5	12	0	0	0	0	16.5	28.5	77
Program Funded	1	0	0.5	1.5	0.5	0	0	3.5	0	0	0	0	0	0.5	0.5	4
Total FY 1999 Request	25	6	10.5	6	4.5	0	0	52	12	0	0	0	0	17	29	81
FY 2000 Target:																
U.S. Direct Hire	22	6	10	3.5	4	0	0	45.5	12	0	0	0	0	15.5	27.5	73
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OE Locally Recruited	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total OE Funded Staf	22	6	10	3.5	4	0	0	45.5	12	0	0	0	0	15.5	27.5	73
Program Funded	1	0	0.5	1.5	0.5	0	0	3.5	0	0	0	0	0	0.5	0.5	4
Total FY 2000 Target	23	6	10.5	5	4.5	0	0	49	12	0	0	0	0	16	28	77
FY 2000 Request:																
U.S. Direct Hire	24	6	10	4.5	4	0	0	48.5	12	0	0	0	0	16.5	28.5	77
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OE Locally Recruited	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total OE Funded Staf	24	6	10	4.5	4	0	0	48.5	12	0	0	0	0	16.5	28.5	77
Program Funded	1	0	0.5	1.5	0.5	0	0	3.5	0	0	0	0	0	0.5	0.5	4
Total FY 2000 Request	25	6	10.5	6	4.5	0	0	52	12	0	0	0	0	17	29	81
FY 2001 Estimate:																
U.S. Direct Hire	24	6	10	4.5	4	0	0	48.5	12	0	0	0	0	16.5	28.5	77
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OE Locally Recruited	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total OE Funded Staf	24	6	10	4.5	4	0	0	48.5	12	0	0	0	0	16.5	28.5	77
Program Funded	1	0	0.5	1.5	0.5	0	0	3.5	0	0	0	0	0	0.5	0.5	4
Total FY 2000 Target	25	6	10.5	6	4.5	0	0	52	12	0	0	0	0	17	29	81

MISSION : Population, Health & Nutrition Center/Global Bureau

USDH STAFFING REQUIREMENTS BY SKILL CODE

BACKSTOP (BS)	NO. OF USDH EMPLOYEES IN BACKSTOP FY 98	NO. OF USDH EMPLOYEES IN BACKSTOP FY 99	NO. OF USDH EMPLOYEES IN BACKSTOP FY 2000	NO. OF USDH EMPLOYEES IN BACKSTOP FY 2001
01SMG	5	5	5	5
02 Program Off.	20	20	20	20
03 EXO				
04 Controller				
05/06/07 Secretary	6	6	6	6
10 Agriculture.	1	2	2	2
11Economics	2	2	2	2
12 GDO				
12 Democracy				
14 Rural Dev.				
15 Food for Peace				
21 Private Ent.				
25 Engineering				
40 Environ				
50 Health/Pop.	33	36	36	36
60 Education	1	1	1	1
75 Physical Sci.	4	4	4	4
85 Legal				
92 Commodity Mgt	1	1	1	1
93 Contract Mgt				
94 PDO				
95 IDI				
Other*				
TOTAL	73	77	77	77

*please list occupations covered by other if there are any

Center for Population, Health and Nutrition/Global Bureau 00-OE1.WK4

OC		FY 98 Estimate	FY 99 Base	FY 99 Request	FY 00 Base	FY 00 Request
11.8	**Special personal services payments**	Do not enter data on this line.				
	IPA/Details-In/PASAs/RSSAs Salaries					
	Subtotal OC 11.8	0.0	0.0	0.0	0.0	0.0
12.1	**Personnel Benefits**					
	IPA/Details-In/PASAs/RSSAs Salaries					
	Subtotal OC 12.1	0.0	0.0	0.0	0.0	0.0
21.0	**Travel and transportation of persons**	Do not enter data on this line.				
	Training Travel					
	Operational Travel	Do not enter data on this line.				
	Site Visits - Headquarters Personnel	185.5	145.2	185.5	145.2	185.5
	Site Visits - Mission Personnel					
	Conferences/Seminars/Meetings/Retreats	90.0	75.0	90.0	75.0	90.0
	Assessment Travel					
	Impact Evaluation Travel					
	Disaster Travel (to respond to specific disasters)					
	Recruitment Travel					
	Other Operational Travel					
	Subtotal OC 21.0	275.5	220.2	275.5	220.2	275.5
23.3	**Communications, Utilities, and Miscellaneous Charges**	Do not enter data on this line.				
	Commercial Time Sharing					
	Subtotal OC 23.3	0.0	0.0	0.0	0.0	0.0
24.0	**Printing & Reproduction**	Do not enter data on this line.				
	Subscriptions & Publications					
	Subtotal OC 24.0	0.0	0.0	0.0	0.0	0.0
25.1	**Advisory and assistance services**	Do not enter data on this line.				
	Studies, Analyses, & Evaluations					
	Management & Professional Support Services					
	Engineering & Technical Services					
	Subtotal OC 25.1	0.0	0.0	0.0	0.0	0.0
25.2	**Other services**	Do not enter data on this line.				
	Non-Federal Audits					
	Grievances/Investigations					
	Manpower Contracts	30.0	30.0	50.0	30.0	50.0
	Other Miscellaneous Services					
	Staff training contracts					
	Subtotal OC 25.2	30.0	30.0	50.0	30.0	50.0
25.3	**Purchase of goods and services from Government accounts**	Do not enter data on this line.				
	DCAA Audits					
	HHS Audits					
	All Other Federal Audits					
	Reimbursements to Other USAID Accounts					
	All Other Services from other Gov't. Agencies					
	Subtotal OC 25.3	0.0	0.0	0.0	0.0	0.0
25.7	**Operation & Maintenance of Equipment & Storage**					
	Subtotal OC 25.7	0.0	0.0	0.0	0.0	0.0
25.8	**Subsistance and support of persons (contract or Gov't.)**					
	Subtotal OC 25.8	0.0	0.0	0.0	0.0	0.0
26.0	**Supplies and Materials**		40.0	40.0	40.0	40.0
	Subtotal OC 26.0	0.0	40.0	40.0	40.0	40.0
31.0	**Equipment**					
	ADP Software Purchases					
	ADP Hardware Purchases					
	Subtotal OC 31.0	0.0	0.0	0.0	0.0	0.0
	TOTAL BUDGET	305.5	290.2	365.5	290.2	365.5